TO STUDY THE INCIDENCE AND FREQUENCY OF ADVERSE EVENTS ASSOCIATED WITH PLATELETPHERESIS & PLASMAPHERESIS

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Dedicated

To The

Everlasting memory of my beloved wife

Dr. Nimrita Bhardwaj

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Dr. Harnoor Singh Bhardwaj

ABBREVIATIONS

µ L	Microlitre
AC	Anticoagulant
ACD	Acid Citrate Dextrose
AE	Adverse Events
CBC	Complete Blood Count
CR	Citrate Reaction
dl	Decilitre
gm	Gram
Hb	Hemoglobin
HCT	Hematocrit
IFC	Intermittent flow centrifugation
Kg	Kilogram
MCS	Mobile platelet collection system
Min	Minute
MIR	maximum inlet rate
MPV	Mean platelet volume
PBSC	Peripheral blood stem cell
PLT	Platelets
PRP	Platelet rich plasma
PS /S	Presyncopal/syncopal
R2	Automated red cell donation
RDP	Random donor platelets
SAE	Severe adverse events
SD	Standard deviation

SDP	Single donor platelets
SN	Single needle
TA	TRIMA Accel
TBV	Total blood volume
TBVP	Total blood volume processed
TPE	Therapeutic plasma exchange
TSP	Total serum proteins
TTI	Transfusion transmitted infections
VI	Vascular Injury
VVRs	Vasovagal reactions
WB	Whole blood
WBC	white blood cell
WBD-PC	Whole blood derived platelet concentrate
WBP	whole blood processed

ABSTRACT

Introduction: In apheresis collections, blood components of standardized volumes and predictable doses can be collected.

Aim of Study: To study the incidence & frequency of adverse events(AEs) of plateletpheresis and plasmapheresis.

Materials & Methods: A prospective, observational, open label study which included the plateletpheresis & plasmapheresis, enrolled during 2017-2018 after taking informed and written consent. Trima Accel, and MCS+ cell separator were used. Donors were selected according to the guidelines. AEs were divided according to type. Donor related AEs were categorised according to severity, site and etiology. Non- donor related AEs were kit / technique /equipment related

Results: 2859 procedures were done, 2836(99.19%) plateletpheresis and 23(0.8%) plasmapheresis. Total 145(5.07%) AEs recorded were seen in plateletpheresis, while none was encountered in plasmapheresis. Majority of AEs, 130(4.54%) were donor related. 15(0.52%) were non - donor related. Commonest donor related AEs was citrate toxicity 76(2.6%), followed by vasovagal reaction in 31(1.08%) and vascular injury in 23(0.8%). Frequency of citrate related AEs was 76(52.41%), followed by vasovagal reactions in 31(21.37%) and vascular injuries in 23(15.86) donors. Majority of the AEs were mild in 124(4.33%), only 6(0.20%) were moderate. No severe reaction was recorded. 107(3.74%) AEs were systemic, while 23(0.80%) were local. In local AEs, hematomas were more common. The first time donors had more AEs, 62/1234(5.02%) as compared to the repeat donors 68/1625(4.18%). Citrate related AEs were more in repeat donors, 46(2.8%) as compared to first time donors, 30(2.43%). The vasovagal reactions and vascular injuries were more in first time as compared to the repeat donors. Non donor related AEs were 15(0.52%).

Conclusion: Donor vigilance, trained technical personnel and supervision by specialists make the donor's experience more pleasant, hence prepare a voluntary apheresis donor pool in India.

Keywords: Apheresis Donor, Apheresis Session Profile, Donor Related AEs, Non Donor Related AEs, Hypotensive Reactions, Citrate reactions, Vasovagal, Hematoma.

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INTRODUCTION

Over decades, increased demand of platelet transfusions for patients with various medical and surgical conditions led to accelerated use of technologically advanced “apheresis” for platelet concentrates.[1] This has led to a trend in the increased use of single donor platelets(SDP) obtained by automated blood collections. Use of platelet concentrate has increased due to more usage of intensive chemotherapy protocols for the treatment of malignancy.[2]

In apheresis collections, blood components of standardized volumes and predictable doses can be collected despite variations in donor characteristics. Multiple blood components can be collected concurrently which are cost-effective and more blood components can be collected from a limited donor pool. The popularity of apheresis collections, especially multicomponent collections, is expected to grow.[3,4]

Progressive improvement in cell separators gives platelet concentrates with leukocytes less than $1x\ 10^6$.[5] Instruments and blood products should be validated frequently to assure that acceptable products are constantly produced.[6]

These collection methods not only share many of the same reactions and injuries seen with pooled platelets obtained from whole blood donation, but also have unique complications due to the collection method and the frequency at which donation can occur.[7]

Apheresis (or hemapheresis) is a Greek word that means to separate or remove. In apheresis blood is withdrawn from a donor or patient in anticoagulant solution and separated into components. One (or more) component is retained and the remaining constituents are returned to the individuals. Any one of the component can be removed and the procedures are specified for the component selected. The process of removing plasma from red cells is termed as plasmapheresis. Removal

of other components, including platelets (plateletpheresis), red cells (erythrocytopheresis), leucocytes (leukapheresis) etc.[8-10] In donors undergoing plateletpheresis, transient and insignificant decrease in complete blood counts may occur.[11,12]

Apheresis procedures are usually well tolerated. Adverse Events (AEs) associated with the use of cell separators' for apheresis donation or therapeutic apheresis can be due to delivery of the anticoagulant, vasovagal, allergy, venous access or machines malfunction. These can be of variable severity. They may occur during or after the procedure. The overall rate of AEs with apheresis donation is approximately 10 times less than that seen with whole blood donation, with mild events outnumbering the more severe ones, although the frequency of events requiring hospitalization may be higher in apheresis than with whole blood donation.[13] Hospitalization is still extremely rare; it occurred in 0.01% of donations in one study.[14]

AEs that occur in apheresis procedures can be divided according to site, severity, etiology, type and therapeutic/ non-therapeutic (donor) procedure.

According to site they are divided into local reactions and systemic reactions.[9,15] Local reactions are usually haematomas due to extravasation from the veins, caused by incorrect placement of the needle during the venipuncture. Pain, hyperaemia and swelling may develop at the site of the extravasation. Local phlebitis and thrombophlebitis are very rare.[13,16]

Systemic reactions are mainly associated with vasovagal reactions that can be triggered by the pain of the venipuncture, or by the anxiety and state of tension of undergoing the donation, etc. These are characterized by the pallor, sweating, dizziness, nausea, hypotension, bradycardia, and syncope. Citrate toxicity occurs because of the use of acid-citrate-dextrose (ACD) in apheresis.[16-18]

AEs according to severity are mild, moderate and severe. AEs according to etiology in a donor are hypotensive reactions, citrate reactions, hematomas & infiltrations, loss of consciousness & seizures, allergy and due to machine malfunction.

Hypotensive Reactions. Hypotension during apheresis donation can result from a number of causes, including intravascular volume depletion, vasovagal reactions, citrate toxicity, severe allergic reactions, and air embolism. Of these, the most common are vasovagal reactions and citrate toxicity. Hypovolemia is uncommon as a result of limitations on extracorporeal volume (10.5 ml/kg).[19] Air embolism is extremely rare because of air detectors on all current apheresis instruments.[13] Severe allergic reactions are also very rare.

Symptoms and signs of a vasovagal reaction(VVR) include light headedness, hot flushes, pallor, diaphoresis, nausea, vomiting, decreased heart rate, and decreased blood pressure. These symptoms arise from excessive parasympathetic activation in the donor, which is believed to be a compensatory response to sympathetic activation induced by mild hypovolemia.[13] Because sympathetic activation has a psychological component, preventive steps include helping the donor feel comfortable and confident throughout the procedure. This is especially important for first-time apheresis donors, as they are more likely to be anxious about the procedure.[20]

Treatment of VVR includes pausing the procedure, lowering the head and raising the feet of the donor (Trendelenburg position), applying cold compresses to the forehead and neck, and reassuring the donor. If moderate or severe symptoms are present, the apheresis procedure should be discontinued. Of note, these interventions are identical to those for hypotension caused by hypovolemia, where, in addition, infusion of intravenous fluids and return of the blood within the extracorporeal circuit would be considered.[13]

Citrate reactions. Citrate reactions(CR) are the most common AE seen with apheresis procedures. They result from ionized

hypocalcaemia caused by the infusion of citrate anticoagulant during the procedure. The lowered ionized calcium levels allow spontaneous depolarization of neurons. The resulting symptoms may include numbness and/or tingling in the lips and nose and sneezing. Moderate symptoms can include nausea and/or vomiting; progression of paraesthesias to the hands, feet, and/or chest; intense vibrating sensation throughout body; chills; abdominal cramping; and light headedness or hypotension. Severe symptoms include painful muscle cramps, tetany, blurred or double vision, loss of consciousness, cardiac arrhythmia, and seizure.[13,21]

These symptoms are usually progressive in adult donors, so moderate and severe symptoms can usually be avoided through close monitoring and treatment of earlier symptoms.[9,17] Interventions for mild symptoms include reducing the return rate of the instrument or pausing the procedure to allow the donor to metabolize some citrate and release bound calcium. Additional treatments include administration of oral calcium carbonate or, in severe cases, an intravenous calcium solution.[13,21] Preventive measures in donors who have experienced citrate reactions can include encouragement to increase dietary intake of calcium-rich foods.[21]

Hematoma and Infiltrations. Complications of venous access can occur at any time during an apheresis donation. Hematoma formation, infiltration, and thrombosis are among possible acute complications. Occasionally nerve damage, infection, occlusion: mechanical or thrombotic, mechanical displacement, bleeding, air embolism. Symptoms include pain and/or pressure and bruising and/or swelling at the needle site. If venous access fails during the procedure, the procedure may not be completed and the resulting physical discomfort may influence the donor's decision about donating in the future.[20]

Treatment includes discontinuing the collection, removing the needles, and applying pressure to the site. It may not be possible to return blood in the apheresis instrument as this could cause the hematoma to

enlarge. Cold compresses may be used and may provide relief to the donor. Because a major risk factor for these reactions is inexperienced phlebotomy staff, prevention strategies include maintaining apheresis personnel competency. Preventive strategies for donors include encouraging donors to be well hydrated before the donation and instructing them to keep the needle sites secure and stable during the donation.[20]

Loss of Consciousness and Seizures.

Loss of consciousness is uncommon and usually occurs as a result of a VVR or severe citrate toxicity. It may be accompanied by tonic-clonic jerking; however, this does not represent true seizure activity. A true seizure is rare during blood donation but can occur as a component of severe citrate toxicity or from an underlying donor seizure disorder. Should a donor become unconscious or experience a seizure, the procedure should be discontinued immediately.[20]

Allergic AEs

Occurs due to reaction to ethylene oxide used to sterilize the disposable set. It occurs predominantly in donors who have donated several times. During the procedure ethylene oxide present within the plastic binds to protein within the plasma with these serving as carrier molecules. Iodine used in cleaning of skin can cause allergic reaction. There is intense itching, wide spread urticaria, hives or welts, rhinitis, wheezing, tongue or facial edema, shortness of breath, hypotension, diarrhoea, laryngeal edema, cardiopulmonary arrest. This is treated by giving antihistaminic, hydrocortisone/ epinephrine.[20]

AEs due to Machine malfunctioning

These are secondary to improper disposable sets/ improper mounting of the set. These are haemolysis, thrombus formation, air embolism, leakage, infection etc.[21]

Equipment related problems can be multiple like air purge failures, variation in the anticoagulant(AC) ratio, changes in calibration of equipment.[7] A proper training module for the technical personnel curtails the incidence of such preventable events. In addition to this, routine maintenance visits by the system engineers is also helpful. Defective kits can be due to excessive kinks in tubing, any breakage of separation chamber (detected as leakage from kits at the time of priming), or needle cap not in place. These can be avoided by proper inspection of the kits at the site of manufacturing as well as in the apheresis lab before installation.[1]

Technical aberrations are one of the causes of adverse events in apheresis which can be reduced by continued training of the technical personnel and by performing the procedure under the supervision of the experienced transfusion medicine specialists.[1]

AIMS AND OBJECTIVES

To study the incidence of adverse events in plateletpheresis & plasmapheresis procedures.

To study the frequency of various adverse events in plateletpheresis & plasmapheresis procedures.

REVIEW OF LITERATURE

A decreasing blood donor pool in the presence of increasing blood transfusion demands has resulted in the need to maximally utilize each blood donor. Components made from cell separators are used more frequently due to less donor exposure and leucodeplition. This has led to a trend in the increasing use of automated apheresis blood collections. These collection methods share many of the same reactions and injuries seen with whole blood donation but also have unique complications due to the collection method and the frequency at which donation occurs.[7]

Mcleod BC et al (1998) [15] in their study found the frequency of AEs among donors undergoing apheresis procedures to be 2.18% in a multi-institutional study. Donors collected with the Fenwal CS3000 had fewer reactions than those collected with the Haemonetics instruments. It was felt that the larger extracorporeal volumes seen with the single-needle procedures might have contributed to hypotensive reactions.

Despotis GJ al (1999) [14] in a study of 19,736 apheresis procedures, 159 (0.81%) were associated with AEs. In 2,376 first-time donations, 26 (1.09%) developed AEs compared to 133 (0.77%) of 17,360 repeat procedures ($p = 0.10$). 70(0.35%) of 159 donation-related AEs involved hemodynamic or citrate-related complications and 73 (0.37%) involved venipuncture-related complications, of which 2 required subsequent neurologic consultation. The remaining 23 (0.12%) AEs involved procedure-related, nonspecific complications. Forty-seven (0.24%) of the 19,736 apheresis procedures were associated with serious adverse events (SAEs). Seven of these SAEs required admission to an emergency department, and 2 required hospitalization for further evaluation. Multivariate analysis revealed that apheresis machine model, donor gender and weight, the concomitant harvesting of plasma, the frequency of donation, and citrate-related symptoms (e.g.

paresthesias) were independently associated with severe hypotensive reactions.

Patel AP et al (2004) [22] observed in his study that majority of complications were related to the instrument or set viz. Red cell contamination of plasmapheresis with MCS in one case, in 4 cases of plateletpheresis with MCS and in 4 cases of Baxter. Bowl related complication was seen in 1 case with Hemonitics in each plasmapheresis & plateletpheresis. Priming related problem occurred in 1 case of Baxter. Overheating of the instrument occurred in 3 cases of Baxter. Low current input occurred in 1 case of Baxter. One donor each in the Hemonitics and Baxter group had hypotension-requiring discontinuation of the procedure. One donor had citrate toxicity in the Baxter group.

Ranganathan S et al (2007) [23] studied the AEs of plateletpheresis at a tertiary care center in India. Donors who weighed between 55-75 kg, who had a hematocrit of 41-43%, and platelet counts of $250X10^9$/L - $400X\ 10^9$/L were selected for the study and it was found that the volume processed to get a target yield of > $3X\ 10^{11}$ was equal to 2.8-3.2 L. Citrate toxicity was seen in 4% donors while 3% donors had VVRs.

Eder AF et al (2008) [24] found **c**omplications after 6,014,472 Whole blood(WB), 449,594 Apheresis platelets (PLT), and 228,183 automated red cell donation ((R2) procedures totalled 209,815, 25,966, and 12,282 (348.9, 577.5, and 538.3 per 10,000 donations), respectively, the vast majority of which were minor presyncopal reactions and small hematomas. Regional center, donor age, sex, and donation status were independently associated with complication rates after WB, PLT, and R2 donation. Seasonal variability in complications rates after WB and R2 donation correlated with the proportion of donors under 20 years old. Excluding large hematomas, the overall rate of major complications was 7.4, 5.2, and 3.3 per 10,000 collections for WB, PLT, and R2 procedures, respectively. Outside medical care was

recorded at similar rates for both WB and automated collections (3.2 vs. 2.9 per 10,000 donations, respectively).

Crocco I et al (2009) [25] in a retrospective, multicentre study of all AEs related to 240,596 consecutive homologous and autologous donations made between January 2002 and December 2006 at the Italian Transfusion Centres of Verona and Ragusa. The types of donations made during the study period were homologous whole blood, autologous whole blood, plasmapheresis, plateletpheresis and multicomponent (plasma-platelets and platelets-red blood cells) donations. All donations were collected using a 16-gauge needle inserted into a vein in the antecubital fossa. The minimum weight required for homologous whole blood and apheresis donations was 50 kg. For homologous whole blood donation, they collected 450 ml of whole blood from each donor. For autologous whole blood donation, they collected 350 ml of whole blood. Plasmapheresis (600 ml) was performed using a Haemonetics MCS+ or PCS+ machine (Haemonetics, UK) with a single-needle procedure. Plateletpheresis (approximately 500–600 ml) and multicomponent donations (approximately 540 mL) were performed using a Trima Accell cell separator (Gambro, USA) or a Haemonetics MCS+ machine with a single-needle procedure.

All AEs were recorded by the staff in a specifically designed form. The AEs occurring during or after the donation were classified as vasovagal reactions, citrate toxicity or other severe events (cardiopulmonary). VVRs were divided into mild (pallor, weakness, dizziness, sweating, nausea and/or vomiting, hypotension, light-headedness, hyperventilation, irregular breathing and bradycardia), moderate (the above symptoms accompanied by transient unconsciousness) or severe (long-lasting loss of consciousness, convulsions, tetany and incontinence) reactions, while citrate toxicity was divided into mild/moderate (paraesthesias, flushed sensation, nausea and/or vomiting) or severe (tetany or seizure and cardiac arrhythmia). They recorded a total of 240,596 donations during the study period (183,855

[76.4%] homologous blood, 6,669 [2.8%] autologous whole blood, 38,647 [16.1%] plasmapheresis, 2,641 [1.1%] plateletpheresis and 8,784 [3.6%] multicomponent donations). Overall, 686 AEs were reported in relation to the 240,596 donations for an overall adverse-event rate of 0.28 percent and an incidence of 1 every 350 donations. He found that VVRs, mostly of mild intensity, were the most commonly observed AEs, with a frequency of 0.20% (487/240,596). The frequency of VVRs according to the different types of donation was 0.19% (346/183,855) for homologous whole blood donations, 0.24% (16/6,669) for autologous whole blood donations, 0.16% (63/38,647) for plasmapheresis, 0.68% (18/2,641) for plateletpheresis and 0.49 (43/8,784) for multicomponent donations. Citrate toxicity was reported in association with 0.38% (189/50,072) of apheresis donations. Overall, VVRs and citrate toxicity were mostly of mild intensity. Severe AEs were very rare, as they occurred in relation to 0.004% of the donations (10/240,596) and none necessitated hospitalisation of the donor. During preoperative autologous blood donation two episodes of atrial fibrillation in patients who had previously been successfully treated for this pathology were recorded; these episodes responded quickly to treatment.

Reiss RF et al (2009) [26] evaluated the reaction rates in all of their first time teenaged donors after New York Blood Center lowered the minimum permissible age for blood donations from 17 to 16 yrs. in 2005. The overall rates of VVRs in donors aged 16 to 19, and those resulting in syncope, was 72,769 in consecutive first time whole blood, 3,822 in double red cell, and 777 in platelet apheresis donations. They were correlated with age and compared to those found in donors aged 20-29 yrs. Separate rates were calculated by gender, age in yrs., and donation type, and then compared to each other. The overall reaction rate among first time teenaged whole blood donors was 8.2% and was significantly greater than among plateletpheresis donors (4.0%; $p < 0.0002$). The rate in female whole blood donors (10.0%) was significantly higher than in males (6.4%; $p < 0.0002$). In male double red

cell donors the overall reaction rate of 3.5% was significantly lower than that found in male whole blood donors ($p < 0.002$). Among both male and female whole blood donors a significant correlation with decreasing donor age between 19 and 16 yrs. was found ($r(2) = 0.981$; $p = 0.01$) and ($r(2) = 0.988$; $p = 0.006$), respectively. They concluded that teenaged donors have increased reaction rates when compared to adults and the reaction rates increase with decreasing age. In addition, females have higher reaction rates than males. Finally, reaction rates associated with apheresis donations were significantly lower than those associated with whole blood donations.

Yuan S et al (2010) [27] in his study of total of 15,763 apheresis procedures during the study period of approx. 28 months, which included both completed and aborted procedures recorded 4153 unique donors. The number of donations per donor ranged from 1 to 60, averaging 3.8 per donor. A total of 893 (21.5%) individuals donated five or more times during the study period. Approximately 50% of donors gave more than one donation during the study period. There were 59 procedures that resulted in moderate to severe AE, accounting for 0.37% of all procedures performed. These included 19 episodes of pressyncopal (PS), 4 Citrate reaction (CR), and 17 PS$\pm$CR. These also included 12 reports of significant Vascular Injuries (VI) and 7 miscellaneous events, which included reports of rash at the venipuncture site or elsewhere (4), slight burn due to heat packs applied at the venipuncture site (2), and one incident in which a donor with a history of asthma experienced an attach during collection and the procedure was terminated. There were no fatalities and no incidents that resulted in donor hospitalization. Of the 59 procedures associated with AE, 34 were performed on females and 25 were on males, representing 0.61% of all female donor procedures and 0.25% of all male donor procedures. Thus, this finding confirmed the observation in their previous study that female donors were 2.43 times more likely to have a moderate to severe AE than males. The same trend in sex distribution was observed in all five types of AEs analyzed,

with RRs for female procedures compared to male procedures ranging from 1.42 for PS and 5.21 for CR types of AEs. The difference in sex distribution was significant in PS + CR and VI types to AE. The overall mean and median age in all procedures that did not result in a documented AE were 37.5+15.2 and 34.8 years, which was similar to the mean and median age of donors who had presyncopal symptoms alone, but was significantly younger than the mean and median donor ages of those who experienced only CR symptoms. Overall, the donors who experienced AEs had significantly smaller total blood volume(TBV) (median, 4509 ml; IQR, 1492 ml) than those that did not (median, 5061 ml; IQR, 1369 ml; $p<0.0001$). When examining AEs by type, the TBV values were significantly smaller for those who had experienced VI and those who had both presyncopal and CR symptoms (PS+CR). The median TBV was also smaller for donors who experienced CR alone. The difference was near, but not significant ($p=0.09$). Donors with AEs in the PS or miscellaneous category had TBV values similar to those who had no AEs. The donor predonation Hct and PLT count were similar for procedures that did and did not result in AEs, both by types of AE and when all types were combined. The anticoagulant volume infused was available in 33 procedures that resulted in AE and 10,124 procedures that did not. The volume of anticoagulant infused, when adjusted for donor size (calculated as a percentage the donor TBV), was significantly lower for those donors who experienced a presynocopal episode than for donors who did not experience an AE. The percentage of anticoagulant infused relative to the donor TBV was higher for those procedures that resulted in CR alone or PS + CR, but neither was significant.

Australian Haemovigilance Report Data for 2011-12 and 2012-13: Review of donor AEs (**2012-13)** [28], there were a total of 1,322,883 donations, including 858,594 whole blood donations, 427,945 plasmapheresis donations and 36,344 plateletpheresis donations. There were 33,208 AEs reported with the vast majority of these being classified as mild, such as the donor feeling faint for a few minutes.

AEs can occur during and after the donation. Events which occur in the donor centre are termed immediate events. Events which occur after the donor has left the donor centre are classified as delayed events. Serious AEs are those events where the donor requires external medical or hospital referral for the management of the AEs and such events may be either immediate or delayed. The overall reported rate of donation-related AEs was 1:40 in 2012–13. The report stated that **v**asovagal reactions and bruising/haematoma were the most frequent complications associated with blood donation. Plasmapheresis donations were associated with the lowest frequency of AEs, and platelet donations with the highest frequency. During 2012–13 there were 451 hospital referrals and 605 general practitioner (GP) referrals for donation-related complications. There were no donation associated deaths. The commonest reason for both hospital and GP referral was slow recovery from a VVR; nerve irritation due to a large haematoma was the commonest reason for referral for phlebotomy injury, followed by painful arm following donation. The frequency of donation associated events was higher in younger blood donors and in female blood donors, especially those under the age of 20 years. The frequency of reactions in 16–17 year old females was one in every eight donations, and in 16–17 year old males, one in every 14 donations. This trend was consistent with international published data.[29,30] Safety and wellbeing of youth donors is a key area of focus for the Blood Service. There was a steady reduction in the likelihood of a donation reaction with increasing age.

Patidar GK et al (2013) [31] studied a total of 18% ($n = 90$) AEs out of 500 plateletpheresis donors, of which 9% were CR followed by hematoma (7.4%), VVRs (0.8%) and kit related AEs in (0.8%). There was significant post procedure drop in Hb, Hct, platelet count of the donors ($p < 0.0001$) whereas WBC count showed a statistically significant rise ($p < 0.0001$). Divalent cations (iCa^+, TCa^+, TMg^+) also showed a statistically significant decline after donation ($p < 0.0001$). However there were no statistically significance difference between

AEs in Trima Accel (5.1 version, GAMBRO BCT) and Amicus (3.2 version FENWAL) cell separators. Donor reactions can adversely affect the voluntary donor recruitment strategies to increase the public awareness regarding constant need for blood and blood products. Commonly observed AEs in plateletpheresis donors were hypocalcemia, hematoma formation and VVRs which can be prevented by pre-donation education of the donors and change of machine configuration.

Philips J et al (2013) [7] studied a total of 3,367 procedures during the study periods including 3,120 (92.6%) plateletpheresis, 162 (4.8%) Therapuetic Plasma Exchange (TPE), and 85 (2.5%) Peripheral Blood Stem Cell (PBSC) Collection. All AEs were divided into mild/moderate to severe reactions. 90 AEs were reported in relation to the 3,367 procedures. Out of 90 AEs, 85 AEs (94%) were associated with plateletpheresis (n = 3,120) and 05 AEs (06%) with TPE and PBSC (n=247). The rate of vascular injury (VI), Citrate reaction (CR), and Presyncopal/Syncopal (PS/S) in plateletpheresis was 1.6% (52/3,120), 0.96% (30/3,120), and 0.096% (03/3,120), respectively. The rate of CR in TPE and PBSC was 1.23% (02/162) and 2.3% (02/85), respectively. The rate of PS/S in PBSC was 1.17% (01/85). AEs for Plateletpheresis, TPE and PBSC were 2.7% (85/3,120), 1.23% (02/162), and 3.5% (03/85), respectively. VI, CR, and PS/S were mostly of mild intensity. No severe AEs were observed during their study. VI is not applicable for TPE and PBSC because in these procedures central venous line was used. Out of 52 VI (bruising/hematoma or pain) recorded in plateletpheresis procedures, 40 were during procedure and 12 were after the procedure. Out of 34 CR, 30 were mild/moderate (circumoral paraesthesia/tingling and numbness) type and no severe reaction (tetany) were reported in plateletpheresis. In TPE and PBSC, 02 and 02 CR of mild type was reported, respectively. A total of 04 PS/S reactions were reported during the study period, out of 04 reactions, 03 in plateletpheresis and 01 in PBSC. No case was reported as a combination of PS + CR during the study periods. AEs for

Plateletpheresis on healthy donors were 2.7% (85/3,120), and for TPE and PBSC on patients were 1.23% (02/162), and 3.5% (03/85), respectively. Both cell separators were equally safe during plateletpheresis procedures. Out of 85 AEs in plateletpheresis, 40 AEs (2.85%) were on CS 3000 and 45 AEs (2.61%) were on MCS+.

Barbosa MH et al (2014) [32] showed that 14 donors (4.4%) had some type of AE. This low incidence is consistent with the literature, which indicates that the plateletpheresis procedure is well-tolerated by donors.[29] Never the less, out of apheresis donations, there are reports that AEs are more frequent in plateletpheresis as compared to other types such has plasma-pheresis and leukapheresis**.** Other pre dominant clinical manifestations presented in the literature are a tingling feeling, numbness, muscle cramps, tetany or convulsions from reactions to citrate. VVRs, which manifest as paleness, weakness, nausea, dizziness, vomiting, hypotension, tachycardia, bradycardia, or fainting, are also possible AEs.[24] Most of these symptoms generally occur as moderate to severe AEs. Never the less, in this study, although some of these symptoms were observed, mild AEs were the most common. Despite the low incidence of AEs, studies indicate that women are 2.43–2.8 times more affected by moderate to severe events than men in apheresis donations even though the difference was not significant, 6.9% of the women had AEs compared to 3.7% in men.

Damulak Obadiah Dapus et al (2015) [33] conducted a study on blood donors at National Blood Transfusion Services in Jos between October 2012 and September 2014. The overall rate of AEs was 2.05% with significantly higher occurrence among donors aged 18-25 yrs ($p<0.0001$), female donors ($p=0.0001$), weight 40-49 kg ($p=0.001$). The rate of AEs was also higher among first time donors ($p=0.002$) and indoor donations ($p=0.001$). All AEs occurred during donations in 4% and after donation in 96% donors. Dizziness affected 90% while severe fainting reaction occurred in 3% of AEs. Ingested meal was the vomits of all donors who vomited.

Amanat ST et al (2015) [34] donor deferral rate was 63.83%. All the donors were males (100%) and replacement donors. Most prevalent blood type was B-positive (n=63, 31.5%), followed by O-positive (n=59, 29.5%). Rh negative groups constituted 13.5% (n=27) of all the donors. Average age of platelet apheresis donors was 28.56 ± 5.77 years. Maximum numbers of donors were in age range 20 - 30 years. Average weight of the donors was 73.96 ± 11.96 kg. Mean pre-procedure platelet count of donors was 268,000/µL. The post procedure average platelet count was approximately 200,000/µL. The mean duration of a platelet apheresis session was 78.27 ± 26.07 minutes. Average volume of the final product was 412.53 ± 45.33 ml. Average volume of anti-coagulant acid citrate dextrose used per procedure was 300 ± 40 ml, 245 ml returned to donor along with returned blood while 55 ml used as anticoagulant in final concentrate. Of total 200, two (1%) had final products were contaminated with red cells. Three (1.5%) products were not issued and finally expired. Of the 125 patients for which plateletpheresis procedures were performed, 54 (43.2%) patients were males and 71 (56.8%) were females (M: F=0.76:1). Six donors (3%) had AEs: three donors (1.5%) had mild reactions, two (1%) moderate reactions, and one donor (0.5%) developed hematoma. None had severe or life-threatening reactions.

Henriksson M M et al (2016) [35] **studied a**pheresis with different procedures and devices are used for a variety of indications that may have different AEs. The aim of this study was to clarify the extent and possible reasons of various side effects based on data from a multinational registry. The WAA-apheresis registry data focus on AEs in a total of 50846 procedures in 7142 patients (42% women). AEs were graded as mild, moderate (need for medication), severe (interruption due to the AE) or death (due to AE). More AEs occurred during the first procedures versus subsequent (8.4 and 5.5%, respectively). AEs were mild in 2.4% (due to access 54%, device 7%, hypotension 15%, tingling 8%), moderate in 3% (tingling 58%, urticaria 15%, hypotension 10%, nausea 3%), and severe in 0.4% of

procedures (syncope/hypotension 32%, urticaria 17%, chills/fever 8%, arrhythmia/ asystole 4.5%, nausea/vomiting 4%). Hypotension was most common if albumin was used as the replacement fluid, and urticaria when plasma was used. Arrhythmia occurred to similar extents when using plasma or albumin as replacement. In 64% of procedures with bronchospasm, plasma was part of the replacement fluid used. Severe AEs are rare. Although most reactions are mild and moderate, several side effects may be critical for the patient. We present side effects in relation to the procedures and suggest that safety is increased by regular vital sign measurements, cardiac monitoring and by having emergency equipment nearby.

Dogra K et al (2016) [1] studied a total of 1740 apheresis procedures were performed on the afore mentioned equipment's, out of which 1708 were plateletpheresis and 32 were TPE procedures. A total of 102 (5.86 %) AEs were reported. Among these 102 AEs, 80 (78.43 %) events were associated with donors, 15 (14.71 %) were owed to equipment related problems and 7 (6.86 %) were technical aberrations. All the events associated with donors were mild. No AEs were reported with any TPEs. Donor related AEs included 20 (19.6 %) vascular injuries(VI) (hematoma formation), 47 (46.1 %) anticoagulant associated events due to infused citrate and 13 (12.73 %) VVRs. The rate of vascular injury, citrate reaction and VVRs in plateletpheresis (N = 1708) were 1.2 %, 2.7 % and 0.76 %, respectively. Equipment related problems comprised 15 (14.71 %) events those included 4 (3.93 %) air purge failures (2 in MCS+ and 1 each in COM.TEC and Trima), 3 (2.94 %) defective kits (leakage from separation chamber in 2 kits for COM.TEC and in 1 kit for MCS+) and 8 (7.84 %) high/low AC ratio (in MCS+ leading to disabling the ACD drip monitor). Technical aberrations included 7 (6.86 %) events which included 2 (1.96 %) wrong selections of programme modules (COM.TEC), 3 (2.94 %) events due to ACD being connected early (Trima) and 2 (1.96 %) events due to the donor line clamp, not being opened on time (Trima).

Sujatha P et al (2016) [36] A total of 768 procedures of three year study period were analyzed. All AEs were divided into mild/moderate to severe reaction. 22 AE were reported to the total 768 plateletpheresis procedures. The rate of Vascular Injuries (VI) Citrate Reaction (CR) and Presyncopal/Syncopal (PS/S) were 1.56% (12/768), 0.91 % (7/768), and 0.39 % (3/768) respectively. VI, CR, and PS/S were mostly of mild intensity, no severe AEs were observed during the study period. Out of 12 VI (Pain/ Bruising/ hematoma) 8 occurred during procedure and 4 after the plateletpheresis. All 7 CR were mild /moderate (circumoral paraesthesia/ tingling and numbness). No severe reaction (tetany) was reported. 3 PS/S were noted. But no combined case of PS + CR was reported.

Khajuria K et al (2017) [37] studied 66 plateletpheresis procedures, out of which, 4 AEs were reported, with an overall rate of 6.06%.

Following types of AEs occur during plateletpheresis:

• VVRs: includes nausea, vomiting, syncope, sweating, pallor, dizziness, weakness, hypotension.

• VI: like hematoma formation or bruising at venipuncture site.

• Citrate toxicity:

a) mild type: tingling sensation starting from perioral area.

b) severe type: loss of consciousness, convulsion, tetany and incontinence.

Four AEs were reported, Out of which:

- Two (3.03%) of them had tingling sensation in perioral area.
- One (1.51%) of them had nausea and vomiting i.e. VVR of mild intensity.
- One (1.51%) had hematoma formation.

All AEs reported were of mild intensity and no severe reaction was reported. Total 4 reactions were reported during the study period; out of these four donors, 3 (75%) of them were first time donors and one (25%) was third time repeat donor. The overall rate of acute AEs among healthy donors undergoing plateletpheresis procedure in the

study was 6.06% (4/66). Frequency of VI, CR & PS/S in plateletpheresis was 1.5%, 3.03%, 1.5% respectively which was almost equal to results of other authors.

Bassi R et al (2017) [38] noted a total of 13 AEs of which 8 (61.53%) events were associated with donors, 3 (23.07%) owed to fault in kit/equipment, and 2 (15.384%) were due to technical aberrations. However, all the AEs associated with donors were mild and none of the donor was hospitalized in the study. VI were seen in three donors. Bruising was seen in only one donor while hematoma formation was seen in two cases who were first-time donors. VVR were seen in two donors out of whom one donor was a teenager. Second donor was replacement donor and was reluctant in donating. Citrate toxicity manifested as perioral tingling sensation was seen in three donors. In these donors, platelet yield was 6×10^{11}, ACD infusion was more. Oral mouth dissolving calcium tablets had been given to all the cases in routine to prevent hypocalcemia. Technique-related AEs included 2 (0.938%) events; due to low inlet pressure, donor line clamp was not opened on time. Kit/equipment-related AEs included three defective kits (1.40%).

Garg P et al (2018) [39] observed that out of 100 donors, only two donors had AEs during plateletpheresis. Citrate toxicity was seen in one donor which was due to the reason that platelet count of the donor was $250X10^9$/L and platelet yield was set as $6x10^{11}$ platelets per unit on Trima Accel. So, with respective platelet count and platelet yield, more amount of whole blood has to be processed so more ACD run in the blood circulation which caused citrate toxicity as tingling sensation around the mouth. Another donor had bruising on the arm at venipuncture site due to phlebotomy done by untrained staff. Both of these were managed conservatively and none of the donor needed hospitalization.

MATERIAL AND METHODS

A prospective, observational, open label study which included the plateletpheresis & plasmapheresis, were enrolled in this study after taking informed and written consent during the study period. AEs occurring during or after the apheresis procedure were noted by nursing/technical staff under the supervision of a transfusion medicine specialist, to eliminate observer bias. AEs occurring during or after apheresis procedures in donors were categorized according to etiology of AE [20] (e.g. vasovagal, citrate toxicity, hypotension etc), according to severity of AE [21] (e.g. mild, moderate, or severe), according to site of AE (local and systemic) and according to type of AE (donor related & non-donor related).[31]

AEs according to etiology are shown in Table 1.

Table 1

Types of AEs in Apheresis Donors depending upon etiology [20]

	Type of AEs	Causes
1	Hypotensive	Vasovagal, Citrate toxicity, Intravascular volume depletion, severe allergic reactions, Air embolism
2	Citrate related AEs	Hypocalcaemia, hypomagnesaemia, alkalosis
3	Hematoma & infiltrations/ Vascular access	Vascular Injury due to peripheral vascular access
4	Loss of consciousness & Seizures	Vasovagal & severe citrate toxicity
5	Allergy	Because of ethylene oxide, iodine etc
6	Machine malfunction (heamolysis, clotting, air embolism and infection)	Tube kinking, pumping through narrow orifice, inadequate anticoagulation, leakage etc.
7	Miscellaneous	AEs related to hydroxyl ethyl starch (HES), G-CSF

Type of AEs according to severity are shown in Table 2.

Table 2

Types of AEs in Apheresis Donors According to Severity [21]

Type of AE according to severity	Vasovagal AE	Citrate Toxicity
Mild	Nervousness, anxiety, pallor, perspiration, dizziness, hyperventilation, Nausea/vomiting	Numbness and/or tingling in the lips and nose and sneezing
Moderate	Transient loss of consciousness, Bradycardia, Hypotension, Any mild symptom lasting **>**10min	Nausea / vomiting, progression of paraesthesia to hands, feet, &/or chest; intense vibrating sensation throughout body; chills; abdominal cramps & light headedness or hypotension
Severe	Urinary/ faecal incontinence, Focal/ generalised convulsions, Hyperventilation tetany, Any moderate symptom lasting **>**5 min	Painful muscle cramps, tetany, blurred or double vision, loss of consciousness, cardiac arrhythmia and seizures

Type of AEs in apheresis donors according to site of AE are shown in table 3

Table 3

Type of AEs In Apheresis Donors According To Site

Type of AE according to site	Subtypes
Local AEs	VI, Nerve Injury, Local phlebitis, Thrombophlebitis etc
Systemic AEs	VVR, CR, Allergic reaction etc

AEs according to type of AE are given in Table 4

Table 4

AEs according to Type [31]

Type of AE	Subtype
Donor related	VVR, CR, Allergic etc
Non-Donor related	Equipment related, Kit related, Technique related

METHOD OF COLLECTION OF DATA

All apheresis procedures done during the study period 2017-2018 were included in the study. Trima Accel (Terumo BCT, Lakewood USA) is a continuous type of cell separator, while MCS+ (Haemonetics Corp., Braintree, USA) is an intermittent type of cell separator. Plateletpheresis was performed on both the cell separators and all donations were collected using a 16-gauge inserted into a vein in the antecubital fossa using aseptic precautions.

Study Group

All the donors were selected according to the guidelines laid down by Director General Health Services.[8] The selection of donors was done randomly after complete clinical and hematological investigations as per Performa.

a) **Inclusion Criteria**

General Criteria for Selecting Apheresis-Donor [8]

Donor undergoing an occasional apheresis procedure must meet the same criteria as a whole blood donation. As per DGHS guidelines, specific criteria for eligibility of apheresis was as follows:

1. Donor undergoing an occasional apheresis procedure (performed not frequently than once every 4 week) must meet the same criteria as a whole blood donation.

2. Donor should be preferably repeat donor-might have given blood 1-2 times earlier.
3. Written consent of the donor was taken after explaining the procedure in detail, time taken, and about possible hazards and benefits.
4. Adequate venous access.
5. Donor was screened prior to apheresis for markers of infectious diseases transmitted by the transfusion of blood and its components in the same manner as for the whole blood. Each donor was tested prior to each apheresis unless the donor is undergoing repeated procedures, in such cases testing for the markers of diseases need be repeated at 30 days interval.
6. Tests for hemoglobin, ABO group, Rh type, and screening for unexpected antibody was done.
7. More stringent regulations govern the donors who participate in serial apheresis programme (procedure performed more frequently than every 4 weeks).

i. Interval between two procedures should be at least 48 hours and the loss of red cells should not exceed 25ml per week.
ii. If donor's red cells could not be reinfused during a procedure, or if the participant donates a unit of whole blood, 12 weeks should elapse before subsequent apheresis procedures.
iii. Careful monitoring of weight, blood cells count, serum protein levels and quantitation of immunoglobulins was required.

- Age should be between 18-50 years.
- Weight should be 60 Kg or more.
- Hemoglobin – 12.5 g/dl or more

Specific Criteria for the selection of plateletpheresis donor [8]

1. The interval between procedures should be at least 48 hours. A donor shall not undergo the procedure more than 2 times in a week or 24 times in a year.

2. If plateletpheresis was performed more frequently than every 4 weeks, a platelet count should be done and must be more than 150,000/µl prior to performing subsequent plateletpheresis.
3. If extra plasma was collected and if the procedure was performed more than once every 4 week, the procedure should not be done if the total serum protein was less than 6.0 g/dl or if there has been an unexplained weight loss.

Donors who had taken anti-platelet medications that irreversibly inhibit platelet function were deferred for specific intervals before donation (48 hours for aspirin/ aspirin-containing medications and piroxicam, 14 days for clopidogrel and ticlopidine) because apheresis platelets are often the sole source of platelets given to a patient.

Specific Criteria for selection of Plasmapheresis donors [8]

1. The criteria for the acceptability of plasmapheresis donors are slightly stricter than that of routine blood donors.
2. Donors are informed about the procedure in details, about possible hazards, and written consent was taken.
3. Age 18-50 years
4. Weight should be 60 Kg or more.
5. Preferably donor should have given whole blood 1-2 times earlier.
6. Total blood count and serum proteins should be within normal limited, and tested periodically.

b) **Exclusion criteria**

General Criteria for exclusion of apheresis

- Inadequate venous asses
- Donor reactive for Transfusion Transmitted Infection
- Presence of unexpected antibodies in donors
- Age : <18 &>60yrs
- Weight : <60Kg
- Hemoglobin : <12.5 g/dl

Specific Criteria for the exclusion of plateletpheresis donor[3]

- Platelet Count : <1,50,000/µl
- Intake of aspirin/aspirin-containing medications and piroxicam within 48hrs. and clopidogrel & ticlopidine within 14 days.
- For repeat plateletpheresis donor:

- If already donated with in 48hrs., 2 times in a week & 24 times in a year
- Plasma protein : <6.0 g/dl

Specific Criteria for exclusion of Plasmapheresis donors[8]

- Total Blood Count & serum protein not within normal range

Duration of Study

All the apheresis procedures done during the study period 2017- 2018 in the Department of Immunohematology & Blood Transfusion, Dayanand Medical College & Hospital, Ludhiana were included in the study.

STATISTICAL ANALYSIS

Data was compiled in a Microsoft Excel spread sheet .Obtained data was presented as a mean ± standard deviation, numbers and percentage according to requirement. Results were analyzed using Chi-square test (χ test). Statistical analysis was conducted using the SPSS (version 17) for Windows statistical package. $P < 0.05$ was considered statistically significant.

OBSERVATIONS AND RESULTS

A total of 2859 procedures were done during the study period which included 2836(99.19%) plateletpheresis and 23(0.8%) plasmapheresis. Table 5 & Fig 1.

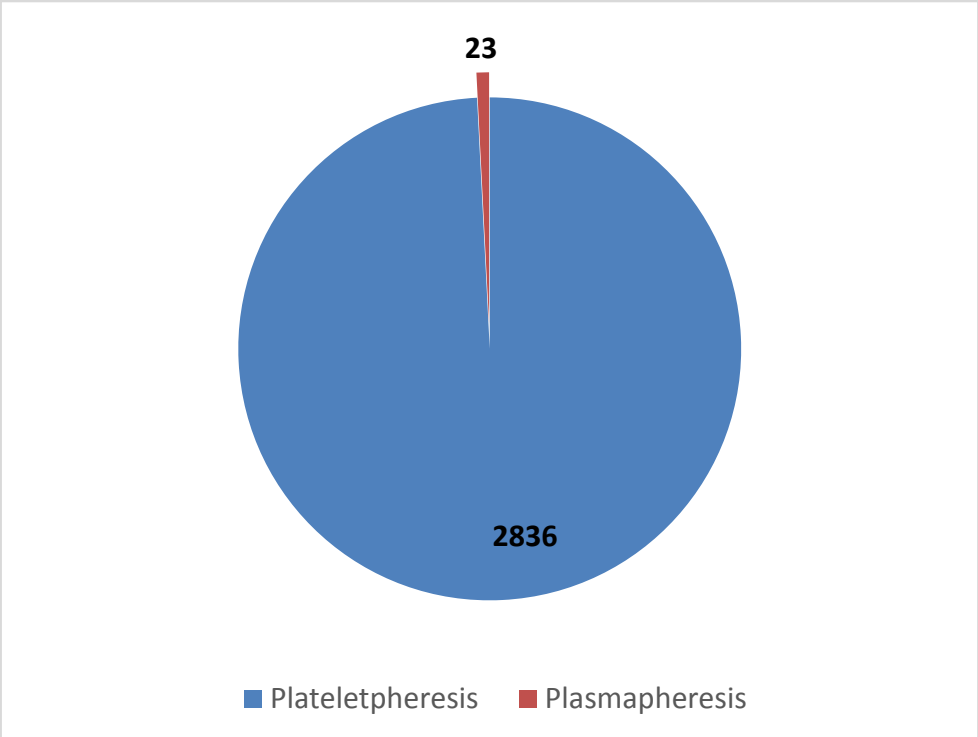
Table 5

Type of Apheresis Procedures During the Study Period

Plateletpheresis n(%)	Plasmapheresis n(%)
2836 (99.19%)	23 (0.8%)

Fig 1

Type of Apheresis Procedures During the Study Period



Equipment-wise Apheresis Procedures

Out of the plateletpheresis procedures done during the study period, 666 (23.48%) procedures were done on TRIMA Accel while 2170 (76.51%) were done on MCS+. Out of the plasmapheresis procedures done during the study period, all 23 (100%) were done on MCS+. None was done on TRIMA Accel.(Table 6) Fig 2 & 3.

Table 6

Equipment-wise Apheresis Procedures During the Study Period

Type of Procedure	TRIMA Accel Number of Donors n(%)	MCS+ Number of Donors n(%)
Plateletpheresis	666 (23.48%)	2170 (76.51%)
Plasmapheresis	0	23 (100%)

Fig 2

Equipment-wise Plateletpheresis Procedures During the Study Period

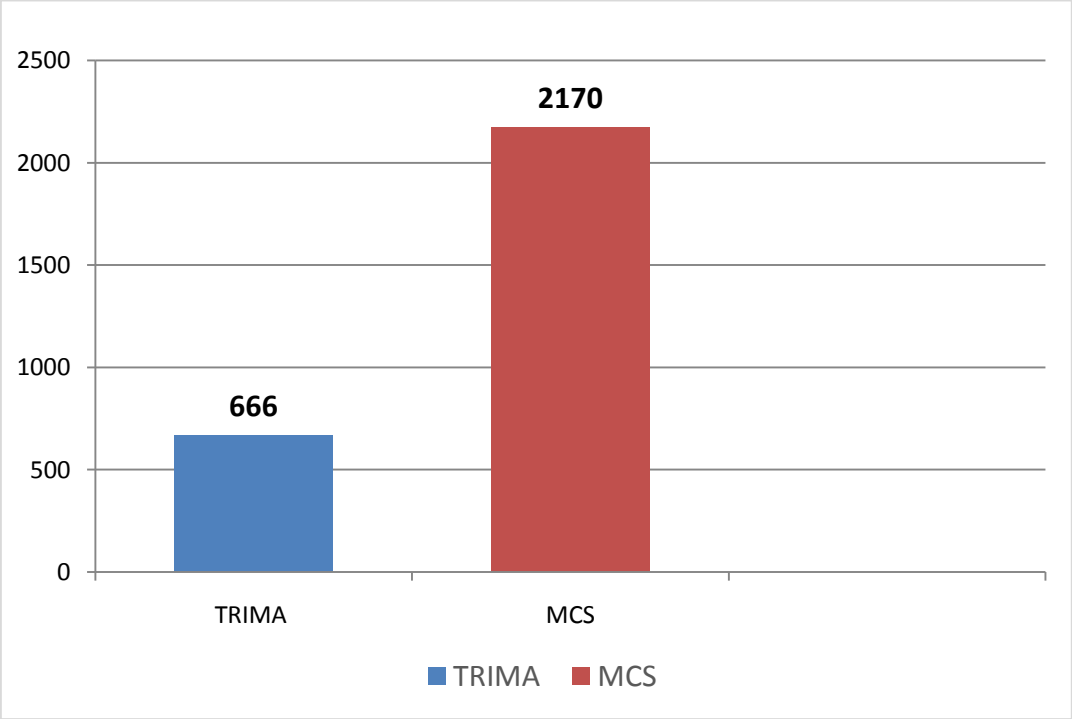
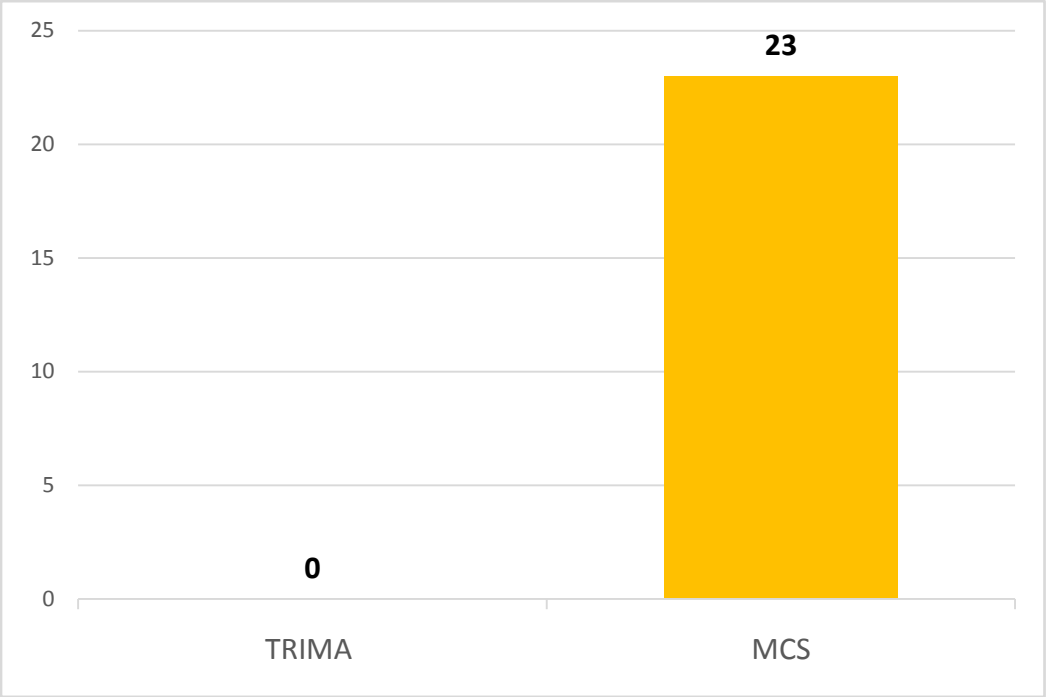


Fig 3

Equipment-wise Plasmapheresis Procedures During the Study Period



Discarding of Apheresis Product/ Kits

Out of the total 2859 apheresis procedures, 70 Apheresis products were discarded of which all were Single donor platelets (SDPs). No plasmapheresis product was discarded. Table 7

Table 7

Discarding of Apheresis Platelets During the Study Period

Plateletpheresis n(%)	Plasmapheresis n(%)
70	-

137 SDPs were not issued to the patient intended but were issued to other patients.

15 Kits were discarded due to kit related / equipment related or technique related problem.

10 kits were of MCS+ while 5 kits were of TRIMA Accel.

APHERESIS DONOR PROFILE

Age wise Donor Profile

In the present study, maximum overall apheresis donors were in the age group of 21-30 yrs, 1452(50.78%), followed by 31-40 yrs with 852 (29.80%) donors, while minimum donors were in the 51-60 yrs. age group with 70(2.44%) cases. The mean age was 30.74 yrs ± 8.44 SD with a range from 18 yrs to 65 yrs.

Plateletpheresis donors also showed a similar trend as overall apheresis donors with maximum donors, 1437 (55.66%) were in the 21-30 yrs category followed by the 31-40 yrs, 848 (29.9%) as was seen in the overall apheresis donors. Minimum donors were in the 51-60 yrs. age group, 69(2.43%). The mean age was 30.75 yrs ± 8.44 SD with a range from 18 yrs to 65 yrs.

Plasmapheresis donors showed a similar trend to the overall apheresis procedures with 21-30 yrs showing maximum number of donors, 15 (65.21%). Minimum plasmapheresis donors were from 18-20 and 51-60 yrs age group with 1 case each (4.34%).Table 8 & Fig 4.

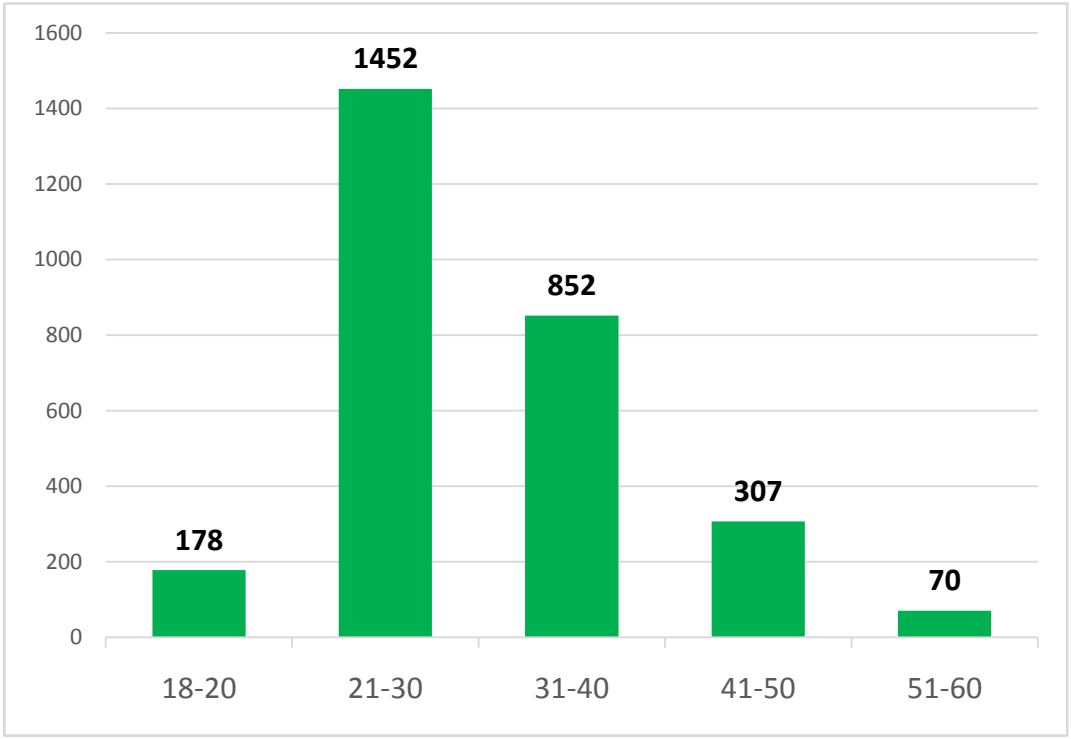
Table 8

Age Wise Distribution Of Apheresis Donors

Age in yrs	Plateletpheresis n(%)	Plasmapheresis n(%)	Overall Apheresis n(%)
18-20	177 (6.24%)	1 (4.34%)	178 (6.22%)
21-30	1437 (55.66%)	15 (65.21%)	1452 (50.78%)
31-40	848 (29.9%)	4 (17.39%)	852 (29.80%)
41-50	305 (10.75%)	2 (8.69%)	307 (10.73%)
51-60	69 (2.43%)	1 (4.34%)	70 (2.44%)
Total	2836 (100%)	23 (100%)	2859 (100%)

Fig 4

Age wise distribution of Overall Apheresis Donors



Weight Wise Apheresis Donor Profile

Maximum donors, 1190 (41.62%) were in the 60-70 kg category followed by 70-80 Kg category with 1042 (36.44%) donors. While none was there in >100 kg category. The maximum weight was 100 kg while minimum weight was 60 kg. The mean weight of the donors was 74.33kg± 9.80 SD.

Plateletpheresis donors also showed similar trend with maximum donors 1185 (41.78%) in the 61-70 kg category followed closely by 71-80 kg category with 1029 (36.28%) donors.

Plasmapheresis donors showed maximum donors 13 (56.52%) in the 71-80 kg category followed by 60-70 Kg category while minimum donors were in 91-100 kg category. Table 9 & Fig 5.

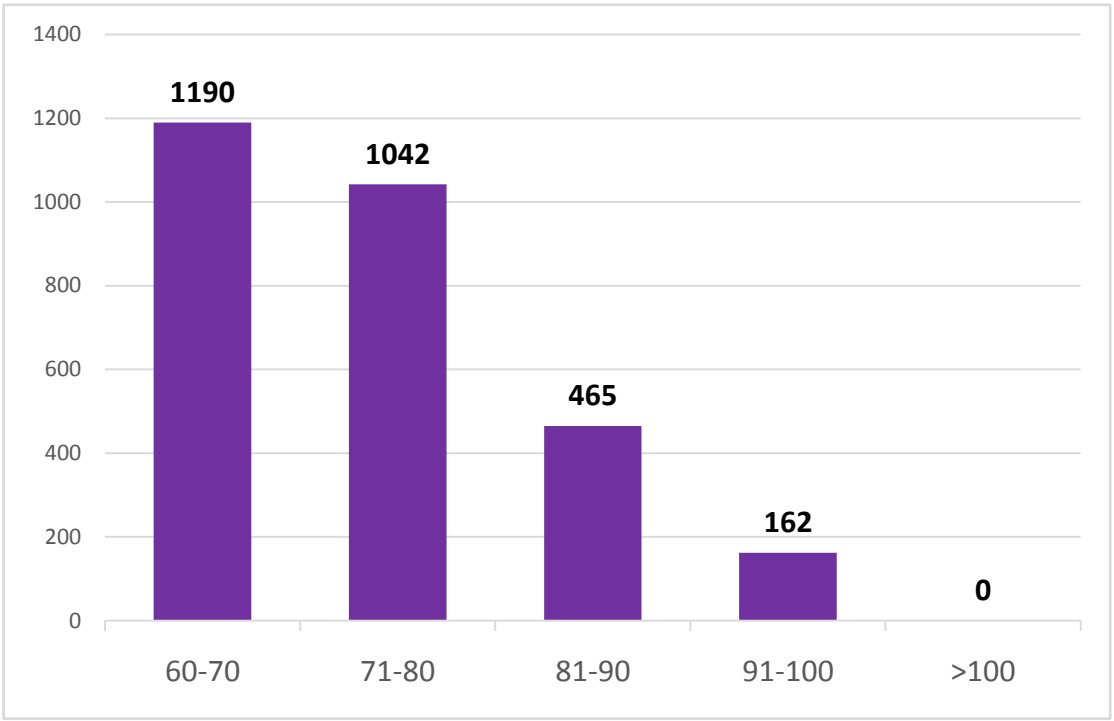
Table 9

Weight Wise Distribution Of Apheresis Donors

Weight in Kg	Plateletpheresis n(%)	Plasmapheresis n(%)	Overall Apheresis Donors n(%)
60-70	1185 (41.78%)	5 (21.73%)	1190 (41.62%)
71-80	1029 (36.28%)	13 (56.52%)	1042 (36.44%)
81-90	462 (16.16%)	3 (13.04%)	465 (16.26%)
91-100	160 (5.59%)	2 (8.69%)	162 (5.66%)
>100	0 (0%)	0 (0%)	0 (0%)
Total	2836 (100%)	23 (100%)	2859 (100%)

Fig 5

Weight wise distribution of Overall Apheresis Donors



Height Wise Donor Profile

The mean height of the donors was 170.46 cm ± 4.99SD.

The minimum height was 154 cm while maximum was 182 cm.

Sex Wise Donor Profile

Sex Wise Distribution of Overall Apheresis Donors.

In the present study there were only 4 (0.139%) female donors while the remaining donors were males. There were only 4 (0.15%) female plateletpheresis donors while the remaining plateletpheresis donors 2832 (99.85%) were males. All the 23 (100%) plasmapheresis donors were males. No female donor was there in the present study Table 10 & Fig 6.

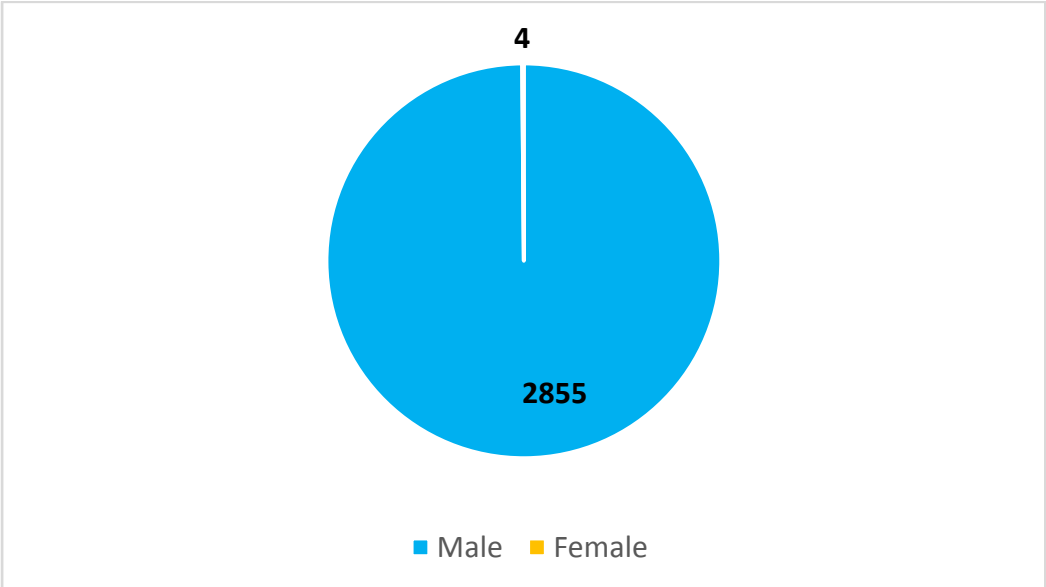
Table 10

Sex Wise Distribution Of Apheresis Donors.

Sex	Plateletpheresis n(%)	Plasmapheresis n(%)	Overall Apheresis n(%)
Male	2832 (99.85%)	23 (100%)	**2855 (99.86%)**
Female	4 (0.15%)	--	**4 (0.139%)**

Fig 6

Sex Wise Distribution of Overall Apheresis Donors



BLOOD GROUP WISE DISTRIBUTION OF THE APHERESIS DONORS

Blood Group (ABO) Distribution of Overall Apheresis Donors

Majority of the apheresis donors were of group B followed by O and A group which accounted for 1095 (38.3%), 873 (30.53%), 589 (20.60%) donors respectively. Minimum donors were from AB group accounting for 302 (10.56%) donations.

The plateletpheresis donors were maximum of B group 1091(38.42%) followed by O group, 861(30.35%). Minimum donors had AB group, 299(10.54%).

The ABO distribution of plasmapheresis donors shows maximum donors with O group as shown in Table 11.

Table 11

Blood Group (ABO) Distribution of Apheresis Donors.

Blood Group (ABO)	Plateletpheresis n(%)	Plasmapheresis n(%)	Overall Apheresis n(%)
A	585 (20.62%)	4 (17.39%)	589 (20.60%)
B	1091 (38.42%)	4 (17.39%)	1095 (38.3%)
O	861 (30.35%)	12 (52.17%)	873 (30.53%)
AB	299 (10.54%)	3 (13.04%)	302 (10.56%)
Total	2836 (100%)	23 (100%)	2859 (100%)

Blood Group (Rh) Distribution of Overall Apheresis Donors.

The present study apheresis donors showed a majority of donors with Rh+ive group 2746(96.04%) while the remaining donors were Rh-ive group, 113(3.95%).

Rh group distribution of the plateletpheresis donors was showing Rh+ive donors as 2723(96.01%) while Rh-ive plateletpheresis donors were 113(3.99%).

Rh group of the plasmapheresis donors was showing all donors from Rh+ive 23(100%). None was from Rh-ive group. Table 12.

Table 12

Blood Group (Rh) Distribution of Apheresis Donors.

Blood Group(Rh)	Plateletphaeresis n(%)	Plasmapheresis n(%)	Overall Apheresis n(%)
Positive	2723 (96.01%)	23 (100%)	2746 (96.04%)
Negative	113 (3.99%)	-	113 (3.95%)
Total	2836 (100%)	23 (100%)	2859 (100%)

Blood Group (ABO Rh) Distribution of Overall Apheresis Donors.

ABO Rh blood group distribution of overall apheresis donors showed that maximum donors were having B+ive group, 1064 (37.52%) followed by O+ive group, 831 (29.06%). Least common blood group was AB-ive 9 (0.31%).

ABO Rh blood group distribution of plateletpheresis donors showed B+ive donors constituting maximum donors, 1060 (37.37%). This was followed by O+ive donors, 819 (28.87%) and A+ive donors, 554 (19.53%). A-ive & B-ive donors contributed 31(1.09%) donors each. Least found blood group among plateletpheresis donors was AB-ive, 9 (0.31%). ABO Rh blood group of the plasmapheresis donors in this study showed maximum donors with O+ive group, 12 (52.17%) followed by A+ive & B+ive with 4 (17.39%) donors. Least found blood group was Rh-ive with none of them being represented in plasmapheresis donors. Table 13.

Table 13

Blood Group (ABO Rh) Distribution of Apheresis Donors.

Blood Group	Plateletpheresis n(%)	Plasmapheresis n(%)	Overall Apheresis n(%)
A+ive	554 (19.53%)	4 (17.39%)	558 (19.51%)
B+ive	1060 (37.37%)	4 (17.39%)	1064 (37.52%)
O+ive	819 (28.87%)	12 (52.17%)	831 (29.06%)
AB+ive	290 (10.22%)	3 (13.04%)	293 (10.24%)
A-ive	31 (1.09%)	0 (0.00%)	31 (1.08)
B-ive	31 (1.09%)	0 (0.00%)	31 (1.08)
O-ive	42 (1.48%)	0 (0.00%)	42 (1.46%)
AB-ive	9 (0.31%)	0 (0.00%)	9 (0.31%)
Total	2836 (100%)	23 (100%)	2859 (100%)

APHERESIS DONOR PROFILE

Voluntary/ Replacement Donor Distribution of Overall Apheresis Donors

Majority of overall apheresis donors were voluntary, 2023 (70.76%), while the remaining donors, 836 (29.24%) were replacement donors. Plateletpheresis donors were mainly voluntary, 2006 (70.73%) with replacement donors constituting 830 (29.26%) plateletpheresis donors. Plasmapheresis donors from the voluntary group were 17 (73.91%) with only 6 (26.08%) were replacement donors. Table 14 & Fig 7.

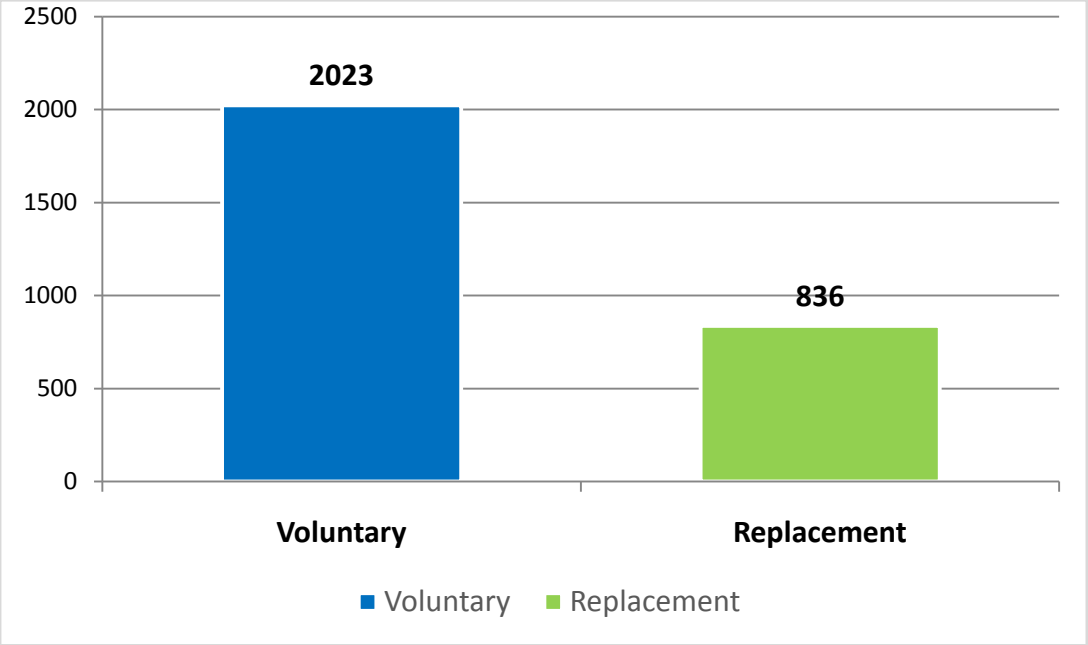
Table 14

Voluntary/ Replacement Donor Distribution of Apheresis Donors.

Type of Donor	Plateletpheresis n(%)	Plasmapheresis n(%)	Overall Apheresis n(%)
Voluntary	2006 (70.73%)	17 (73.91%)	2023 (70.76%)
Replacement	830 (29.26%)	6 (26.08%)	836 (29.24%)
Total	2836	23	2859

Fig 7

Voluntary/ Replacement Donor Distribution of Overall Apheresis Donors



First Time & Repeat Apheresis Donor Profile

The first time and repeat overall apheresis donors in the present study showed that repeat donors, 1625 (56.81%) were dominating the first time donors 1234 (43.16%).

First time and repeat plateletpheresis donor profile showed repeat donors, 1620 (57.12%) were predominating with first time donors constituted by 1216 (42.8%).

First time and repeat plasmapheresis donor profile showed first time donors dominating, 18 (78.26%) while repeat plasmapheresis donors constituting only 5 (21.73%). Table 15 & Fig 8.

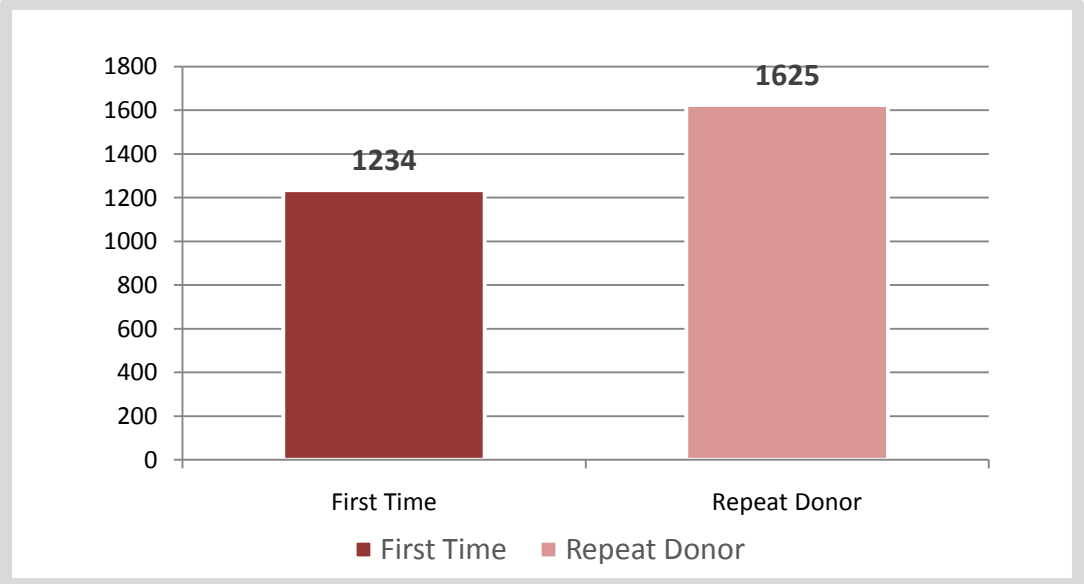
Table 15

First time & Repeat Apheresis Donor Distribution.

Type of Donor	Plateletpheresis n(%)	Plasmapheresis n(%)	Overall Apheresis Donors n(%)
First Time	1216 (42.8%)	18 (78.26%)	1234 (43.16%)
Repeat Donor	1620 (57.12%)	5 (21.73%)	1625 (56.81%)
Total	2836	23	2859

Fig 8

First Time & Repeat Overall Apheresis Donor Distribution



Predonation Platelet Count Distribution of Overall Plateletphersis Donors.

Predonation platelet count of overall apheresis donors showed maximum donors, 939 (33.11%) with platelet count of 250 – 300 x 10^9/L followed by 914 (32.22%) with platelet count of 200 – 250 X 10^9/L & 507 (17.87%) with platelet count of 300 – 350 x 10^9/L; Least number of donors were 18 (0.63%) with >450 x 10^9/L. The mean predonation platelet count was 272.98 $\pm$ 56.59 x 10^9/L with maximum donors having platelet counts between 200 to 300 X 10^9/L. The predonation platelet counts ranged from 157 x 10^9/L to 508 x 10^9/L.

The platelet count of plateletpheresis donors on TRIMA Accel showed that maximum donors, 213 (31.98%) were having platelet count 200 – 250 x 10^9/L followed by 189 (28.37%) donors in the platelet count of 250 – 300 x 10^9/L. Minimum plateletpheresis donors were having platelet counts >450 x 10^9/L.

Platelet count of plateletpheresis donors on MCS+ showed maximum donors, 750 (34.56%) in the range of 250 –300 x 10^9/L followed by 701 (32.30%) donors with the platelet count of 200 –250 x 10^9/L. Least number of donors, 10 (0.46%) were having platelet count >450 x 10^9/L. Table 16 & Fig 9.

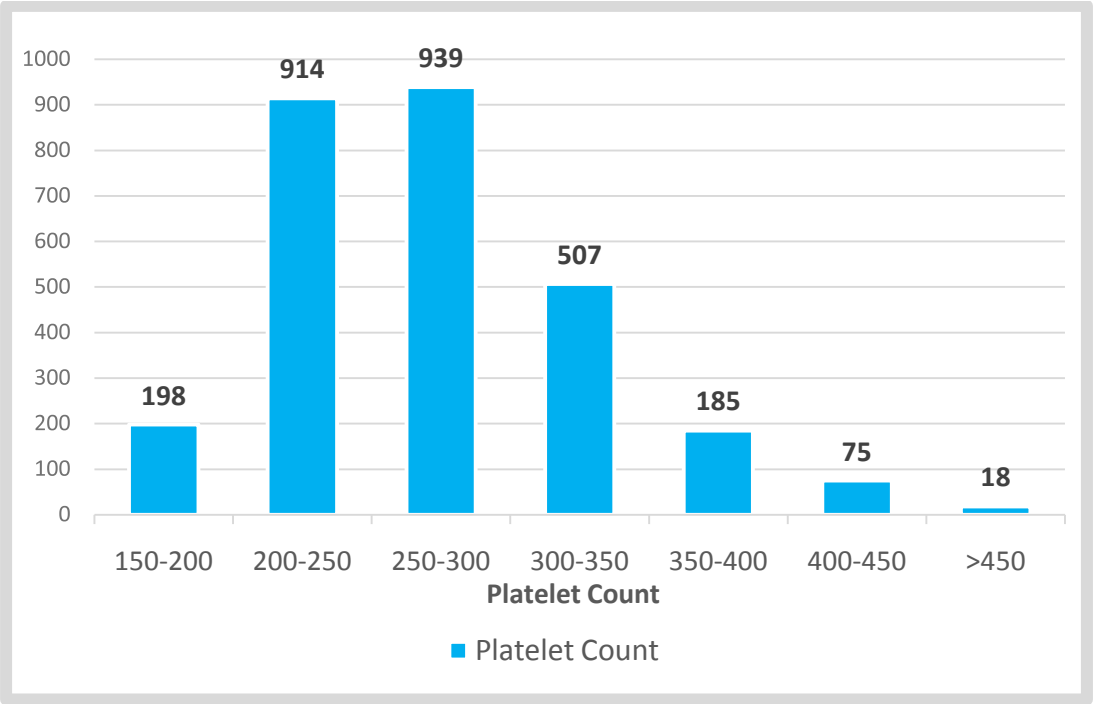
Table 16

Predonation Platelet Count Distribution of Plateletpheresis Donors.

Platelet Count (X10^9/L)	Plateletpheresis donors on TRIMA Accel n(%)	Plateletpheresis donors on MCS+ n(%)	Overall Plateletpheresis Donors n(%)
150 – 200	61 (9.15%)	137 (6.31%)	198 (6.98%)
200 – 250	213 (31.98%)	701 (32.30%)	914 (32.22%)
250 – 300	189 (28.37%)	750 (34.56%)	939 (33.11%)
300 – 350	134 (20.12%)	373 (17.18%)	507 (17.87%)
350 – 400	39 (5.85%)	146 (6.72%)	185 (6.52%)
400 – 450	22 (3.30%)	53 (2.44%)	75 (2.64%)
>450	8 (1.20%)	10 (0.46%)	18 (0.63%)
Total	666 (100%)	2170 (100%)	2836 (100%)

Fig 9

Predonation Platelet Count Distribution of Overall Apheresis Donors



Predonational Parameters in Apheresis Donors

Mean predonation Hb of apheresis donors was 14.87 gm % ± 3.16 SD. The mean predonation TSP was 6.31 g/dl ± 4.8 SD with a range from 6 g/dl to 7.6 g/dl.

APHERESIS PROCEDURE SESSION PROFILE

Platelet Yield of Plateletpheresis Session

The platelet yield of all plateletpheresis session shows majority of the donors, 1233 (43.47%) &1231 (43.40%) with yield of <3 x 10^{11}& 3.1 – 4 x 10^{11}. Maximum platelet yield of >6 x $10^{11}$was seen in 22 (0.77%) donors. The mean platelet yield was 3.50 x 10^{11}± 0.71 SD with a range from 2.9 x 10^{11} to 7 x 10^{11}.

Platelet yield of plateletpheresis session on TRIMA Accel showed maximum donors, 494 (74.17%) with <3 x 10^{11} yield. This was followed by 152 (22.82%) donors with platelet yield of 3.1 – 4 x 10^{11}.Maximum yield of > 6 x $10^{11}$was seen in 13 (1.97%) donors.

Platelet yield of plateletpheresis session on MCS+ showed maximum donors, 1079 (49.72%) were having yield of 3.1– 4 x 10^{11}. Maximum platelet yield of >6 x 10^{11} was seen in 9 (0.41%) donors. Table 17 & Fig 10.

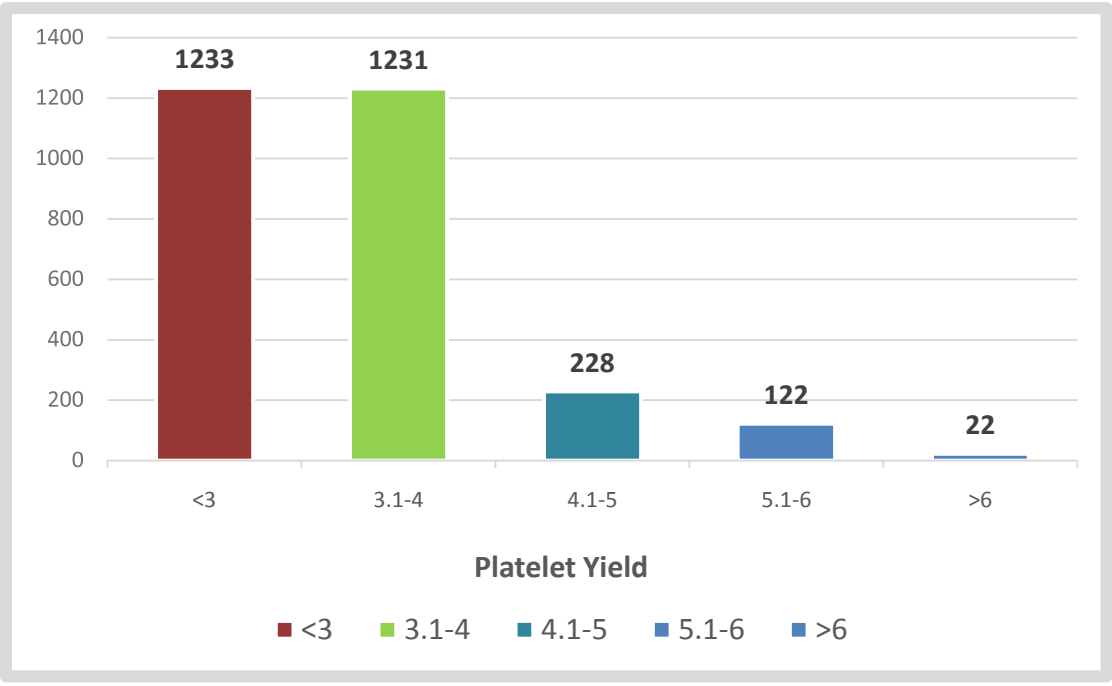
Table 17

Platelet Yield of All Plateletpheresis Sessions

Platelet Yield (x10^{11})	Platelet Yield in Plateletpheresis Sessions on TRIMA Accel n(%)	Platelet Yield in Plateletpheresis Sessions on MCS+ n(%)	Overall Platelet Yield of Plateletpheresis Session n(%)
<3	494 (74.17%)	739 (34.05%)	1233 (43.47%)
3.1 – 4	152 (22.82%)	1079 (49.72%)	1231 (43.40%)
4.1 – 5	4 (0.6%)	224 (10.32%)	228 (8.03%)
5.1 – 6	3 (0.45%)	119 (5.48%)	122 (4.30%)
>6	13 (1.97%)	9 (0.41%)	22 (0.77%)
Total	666 (100%)	2170 (100%)	2836 (100%)

Fig 10

Overall Platelet Yield of Plateletpheresis Session



Plateletpheresis Session Profile

Plateletpheresis session profile on TRIMA Accel showed ACD used as 201.75 ml. The whole blood processed was 2181.80 ml. The time taken for the session was 49.61 min. Plasma volume was 237.55 ml while the platelet yield was 3.33×10^{11}.

Plateletpheresis session profile on MCS+ showed ACD used as 347.53 ml. The whole blood processed was 2742.59 ml. The time taken for the session was 77.84 min. Plasma volume was 268.96 ml while the platelet yield was 3.55×10^{11}.

The overall plateletpheresis session profile showed that the number of all apheresis procedures was 2836; mean ACD used was 313.53 ml $\pm$ 70.23 SD with range from 143 ml to 480 ml. Mean volume of whole blood processed was 2613.09 ml $\pm$ 361.10 SD with range from 1618 ml to 3650 ml. Mean time taken for completing the session was 71.27 min $\pm$ 16.09 SD with range from 35 min to 126 min. The mean platelet yield was $3.50 \times 10^{11} \pm 0.71$ SD with range from 2.9×10^{11} to 7×10^{11}. The mean plasma volume was 261.83 ml $\pm$ 36.46 SD with range from 205 ml to 501 ml. Table 18.

Table 18

Plateletpheresis Session Profile

Equipment/ Overall Plateletpheresis	Number of Plateletpheresis Procedure	ACD Used (ml)	Whole Blood Processed (ml)	Time Taken (min)	Platelet Yield($x10^{11}$)	Plasma Volume (ml)
TRIMA Accel	666	201.75	2181.80	49.61	3.33	237.55
MCS+	2170	347.53	2742.59	77.84	3.55	268.96
Overall	2836	313.53$\pm$ 70.23	2613.09$\pm$ 361.10	71.27$\pm$ 16.09	3.50$\pm$ 0.71	261.83$\pm$ 36.46

Plateletpheresis Session Profile of Reactors and Non-reactors

Plateletpheresis session profile of citrate toxicity (reactors) and non reactors showed that amount of ACD used in reactors was more, 353.44 ml as compared to non reactors 311.72 ml. The reactors showed more volume of whole blood processed, 2899.43 ml as compared to non reactors, 2601.63. The time taken for completing the session was more in reactors, 82.40mins as compared to non reactors, 70.80 ml. The platelet yield in reactors and non reactors was 3.79 x 10^{11} and 3.49 x 10^{11}. The plasma volume was 275.6 ml and 261.2 ml. Table 19.

Table 19

Plateletpheresis Session Profile of Reactors and Non-reactors

Type of Procedure	ACD Used (ml)	Whole Blood Processed (ml)	Time Taken (min)	Platelet Yield (x10^{11})	Plasma Volume (ml)
Citrate Toxicity (Reactor) 76	353.44	2899.43	82.40	3.79	275.6
Non Reactor 2760	311.72	2601.63	70.80	3.49	261.2

ADVERSE EVENT PROFILE

The categorisation of the AEs was done according to the type as donor related and non donor related. Donor related AEs were categorized according to their type, site, etiology and graded according to their severity. Non donor related AEs were categorized as equipment / kit / technique related.

Incidence of AEs Associated with Apheresis Procedures

Total 145 (5.07%) AEs were recorded in the study. All these AEs were seen in plateletpheresis, none was encountered in plasmapheresis. Majority of AEs, 130 (4.54%) were related to donors. Very few, 15 (0.52%) were donor related (equipment / kit / technique related). Donor related AEs were generalized and localized. Generalized reactions were citrate related, vasovagal, loss of consciousness & seizures, while local reactions were vascular injury.

AEs associated with apheresis procedures on TRIMA Accel showed donor related AEs in 32 (4.8%), while non donor related AEs were seen in 5 (0.75%) donors only.

AEs associated with apheresis procedures on MCS+ showed donor related AEs in 98 (4.5%), while non donor related AEs were seen in 10 (0.46%) donors only. Table 20 & Fig 11.

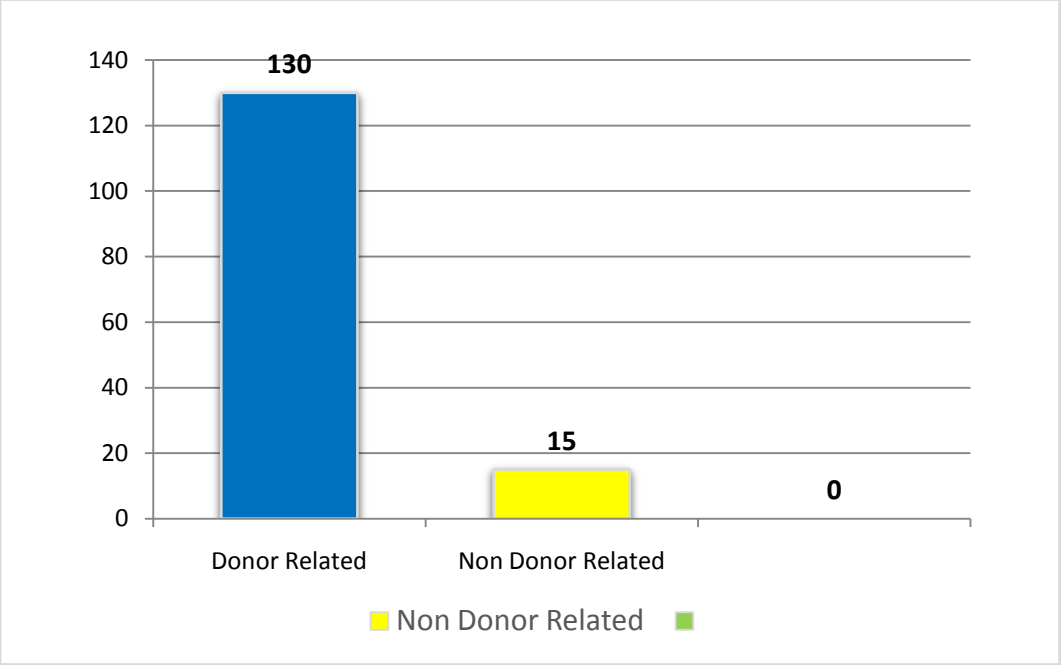
Table 20

Incidence of AEs Associated with Apheresis Procedures

AEs	AEs on TRIMA Accel n(%)	AEs on MCS+ n(%)	Total AEs with Apheresis Procedures n(%)
Donor Related	32 (4.8%)	98 (4.5%)	130 (4.54%)
Non Donor Related (Equipment/Kit/ technique related)	5 (0.75%)	10 (0.46%)	15 (0.52%)
Total	37 (5.5%)	108 (4.9%)	145 (5.07%)

Fig 11

Incidence of AEs Associated with Apheresis Procedures



Frequency of AEs Associated with Apheresis Procedures

The frequency of donor related AEs was 130 (89.65%) and non donor related (Equipment/Kit/technique related) was 15 (10.34%). The frequency of AEs associated with apheresis procedures on TRIMA Accel showed donor related AEs in 32 (22.06%), while non donor related AEs were seen in 5 (3.44%) donors only. The frequency of AEs associated with apheresis procedures on MCS+ showed donor related AEs in 98 (67.60%), while non donor related AEs were seen in 10 (6.90%) donors only. Table 21.

Table 21

Frequency of AEs Associated with Apheresis Procedures

AEs	AEs on TRIMA Accel n(%)	AEs on MCS+ n(%)	Total AEs with Apheresis Procedures n(%)
Donor Related	32 (22.06%)	98 (67.60%)	**130 (89.65%)**
Non Donor Related (Equipment/Kit/ technique related)	5 (3.44%)	10 (6.90%)	**15 (10.34%)**
Total	37(25.50%)	108(74.50%)	145(100%)

DONOR RELATED AEs DURING APHERESIS PROCEDURES

Incidence of Donor Related AEs During Apheresis Procedures

Donor related AEs associated with apheresis procedures in the present study showed the most common AE was citrate toxicity, seen in 76 (2.6%) donors followed by vasovagal reaction, seen in 31 (1.08%) donors while donors having vascular injury were 23 (0.8%).

Donor related AEs associated with apheresis procedures on TRIMA Accel in the present study showed the most common AE was citrate toxicity, seen in 15 (2.2%) donors followed by vasovagal, seen in 10 (1.5%). Donors having vascular injury were seen in 7 (1.05%) donors.

Donor related AEs associated with apheresis procedures on MCS+ in the present study showed the most common AE was citrate toxicity, seen in 61 (2.7%) donors followed by vasovagal, seen in 21 (0.95%). Donors having vascular injury were seen in 16 (0.72%) donors. Table 22 & Fig 12.

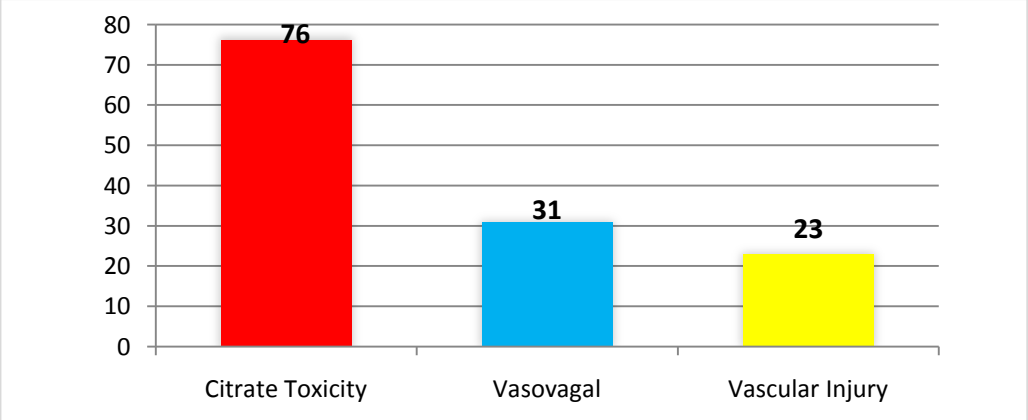
Table 22

Incidence of Donor Related AEs During Apheresis Procedures

AEs	Donor Related AEs on TRIMA Accel n(%)	Donor Related AEs on MCS+ n(%)	Total Donor Related AEs n(%)
Citrate Related	15 (2.2%)	61 (2.7%)	76 (2.6%)
Vasovagal	10 (1.5%)	21 (0.95%)	31 (1.08%)
Vascular Injury	7 (1.05%)	16 (0.72%)	23 (0.8%)
Total	32 (4.8%)	98 (4.5%)	130 (4.54%)

Fig 12

Incidence of Donor Related AEs Associated During Apheresis Procedures



Frequency of Donor Related AEs During Apheresis Procedures

Frequency of AEs during apheresis showed donor related AEs as 130 (89.65%) with citrate related AEs in 76 (52.41%) donors, followed by vasovagal reactions 31 (21.37%) and vascular injuries as 23 (15.86%). Frequency of AEs during apheresis on TRIMA Accel showed the donor related AEs was 32 (22.06%) with citrate related AEs in 15 (10.34%) donors, followed by vasovagal and vascular injuries, 10 (6.89%) and 7 (4.89%) respectively. Frequency of AEs during apheresis on MCS+ showed the donor related AEs was 98 (67.58%) with citrate related AEs in 61(42.06%) donors, followed by vasovagal and vascular injuries in 21 (14.48%) and 16 (11.034%) donors respectively. Table 23

Table 23

Frequency of Donor Related AEs During Apheresis Procedures

AEs	Donor Related AEs on TRIMA Accel n(%)	Donor Related AEs on MCS+ n(%)	Total Donor Related AEs n(%)
Citrate Related	15 (10.34%)	61 (42.06%)	76 (52.41%)
Vasovagal Reaction	10 (6.89%)	21 (14.48%)	31 (21.37%)
Vascular Injury	7 (4.89%)	16 (11.034%)	23 (15.86%)
Total	32 (22.06%)	98 (67.58%)	**130 (89.65%)**

Donor Related AEs During Apheresis According To Severity

The majority of the AEs were mild in nature, 124(4.33%), while no severe reaction was recorded in the present study. All the AEs were managed in the donor room and none of it needed referral to the hospital. Only 6(0.20%) donors had moderate reaction. Table 24&Fig 13.

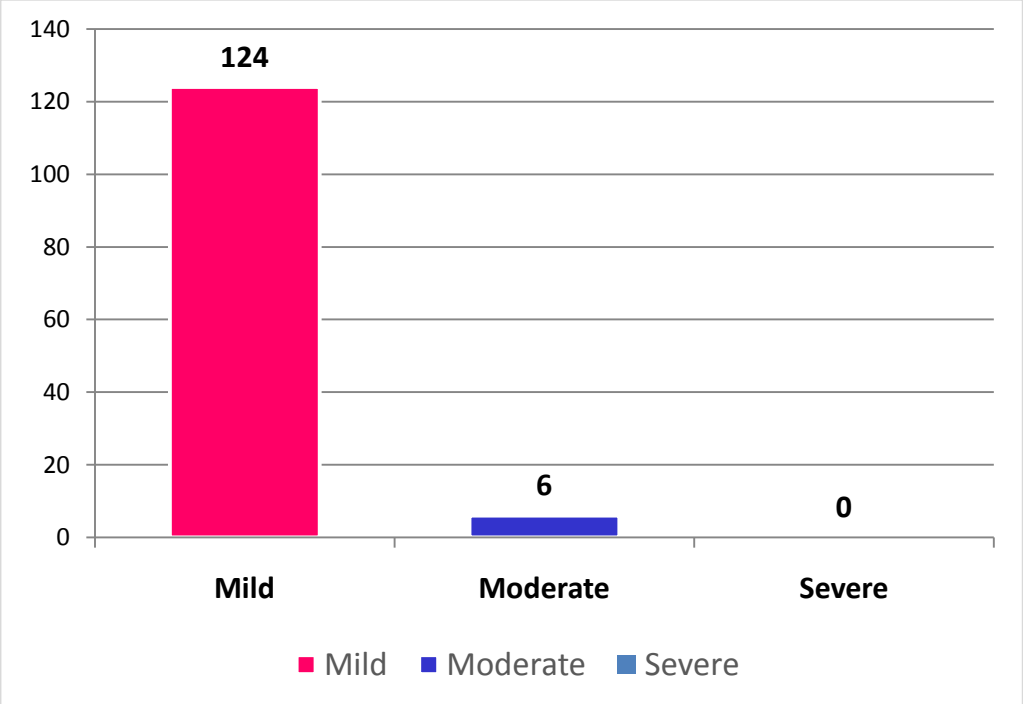
Table 24

Donor Related AEs Occurring During Apheresis According To Severity

Type of AE	Donors n(%)
Mild	124(4.33%)
Moderate	6(0.20%)
Severe	-
Total	130 (4.54%)

Fig 13

Donor Related AEs Occurring During Apheresis According to Severity



Donor Related AEs According To Site of AE in Apheresis

Majority of the AEs were 107(3.74%) were systemic, while only 23 (0.80%) were local. Table 25 & Fig 14.

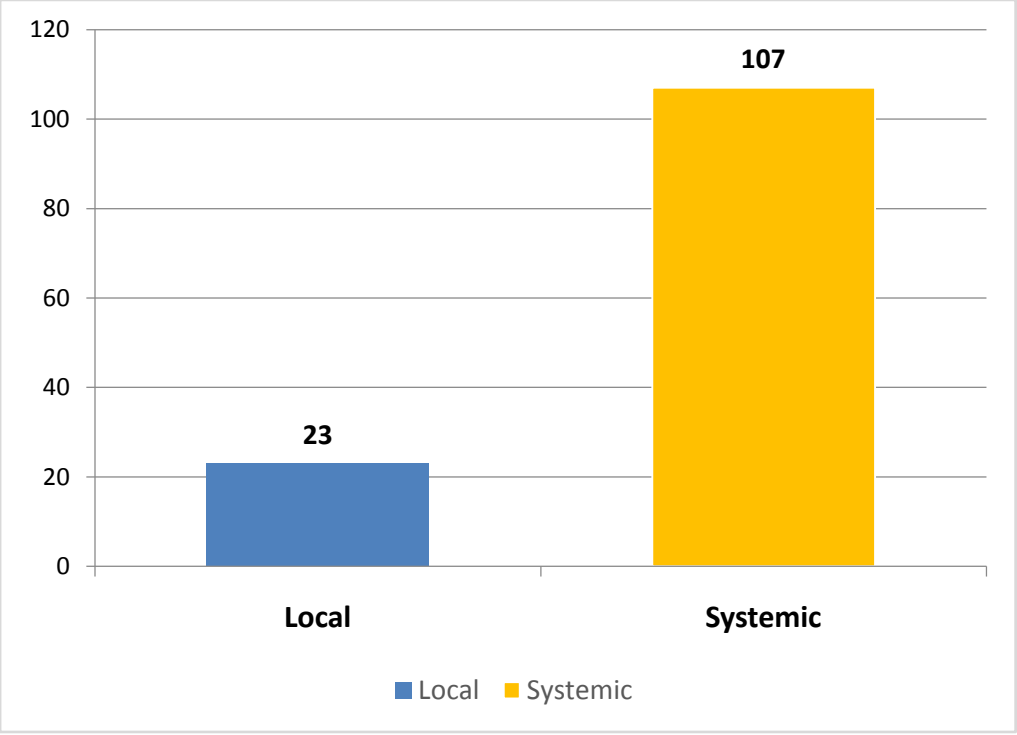
Table 25

Donor Related AEs According To Site of AE in Apheresis

Type of AE	No.(%)
Local	**23 (0.80%)**
Systemic	**107 (3.74%)**
Total	**130 (4.54%)**

Fig 14

Donor Related AEs According to Site in Apheresis



Local AEs in Apheresis Procedures

The local AEs in apheresis procedures were vascular injuries which included hematomas and bruise. No case of nerve injury was seen in the present study. Amongst the vascular injuries hematomas were more common with 14(0.49%) cases while bruise was seen in 9(0.31%) cases. Table 26 & Fig 15.

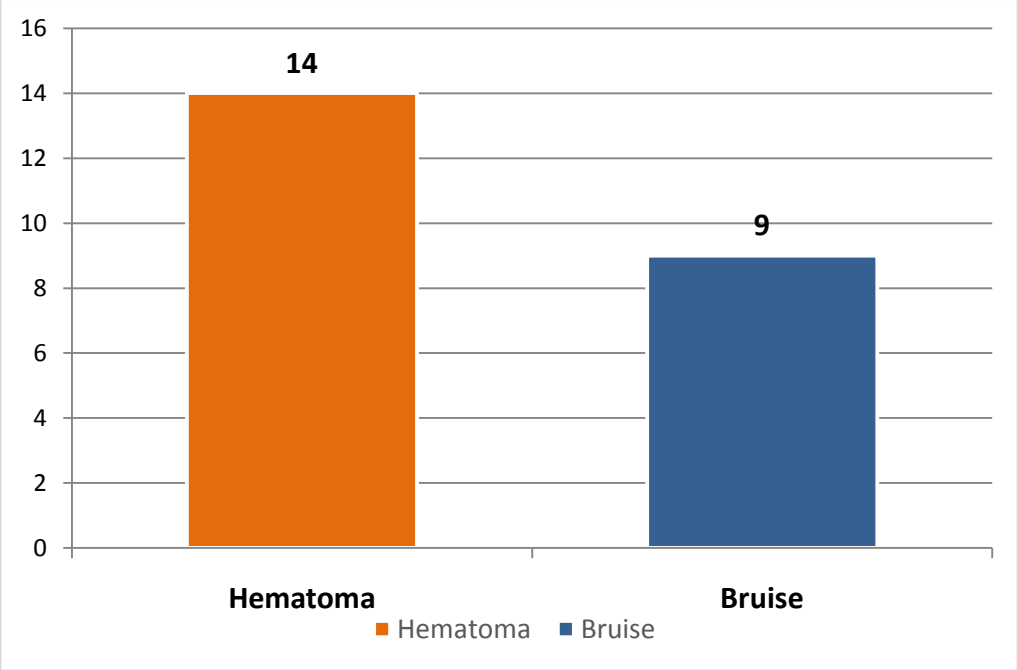
Table 26

Local AEs in Apheresis Procedures

Local AE (Vascular Injuries)	No.(%)
Hematoma	14(0.49%)
Bruise	9(0.31%)
Total	23**(0.80%)**

Fig 15

Type of Vascular Injuries in Apheresis Procedures



Systemic AEs According To Severity In Apheresis Procedures

Majority of the AEs were mild in nature while few cases of moderate severity occurred with 6(0.20%) cases. While no case of severe grade occurred in the present study. In vasovagal reactions, 25(0.87%) developed nausea vomiting and pallor while 6 (0.20%) donors had loss of consciousness for < 1 minutes along with mild symptoms. In citrate reactions out of 76 (2.6%) donors 52 (01.8%) donors developed numbness and tingling, while 24 (0.8%) donors developed perioral paraesthesias. Table 27 & Fig 16.

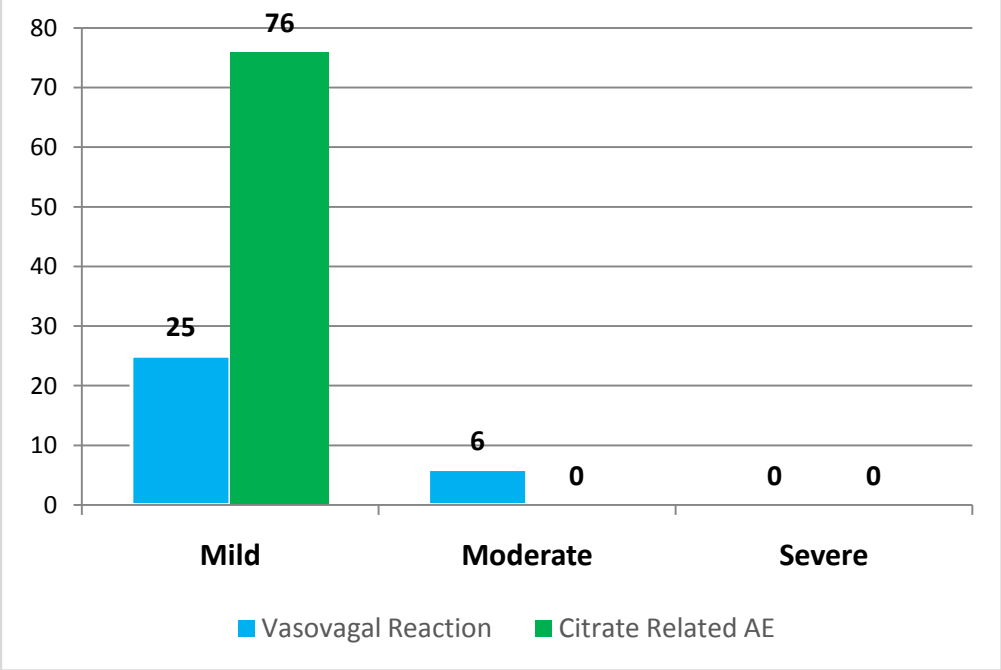
Table 27

Systemic AEs According To Severity In Apheresis Procedures

Systemic AE	Mild	Moderate	Severe
Vasovagal Reaction	25 (0.87%)	6 (0.20%)	-
Citrate related	76 (2.6%)	-	-

Fig 16

Systemic AE in Relation to Severity



AEs In First Time And Repeat Donors

The AEs in the first time and repeat apheresis donors showed that the first time donors had more AEs, 62/1234 (5.02%) as compared to the repeat donors having AEs in 68/1625(4.18%) cases. Table 28.

Table 28

AEs in First time and Repeat Donors

Type of donor	Number of AEs (%)
First time	62 (5.02%)
Repeat	68 (4.18%)

Type of AEs in First time and Repeat Donors

Comparison of donor related AEs in first time and repeat donors showed that citrate related AEs were more in repeat donors, 46 (2.8%) as compared to first time donors, 30 (2.43%). The vasovagal reactions were more in first time donors, 18 (1.48%) as compared to the repeat donors, 13 (0.8%). The vascular injuries were more in first time donors, 14 (1.1%) as compared to the repeat donors, 9 (0.55%). Table 29 & Fig 17.

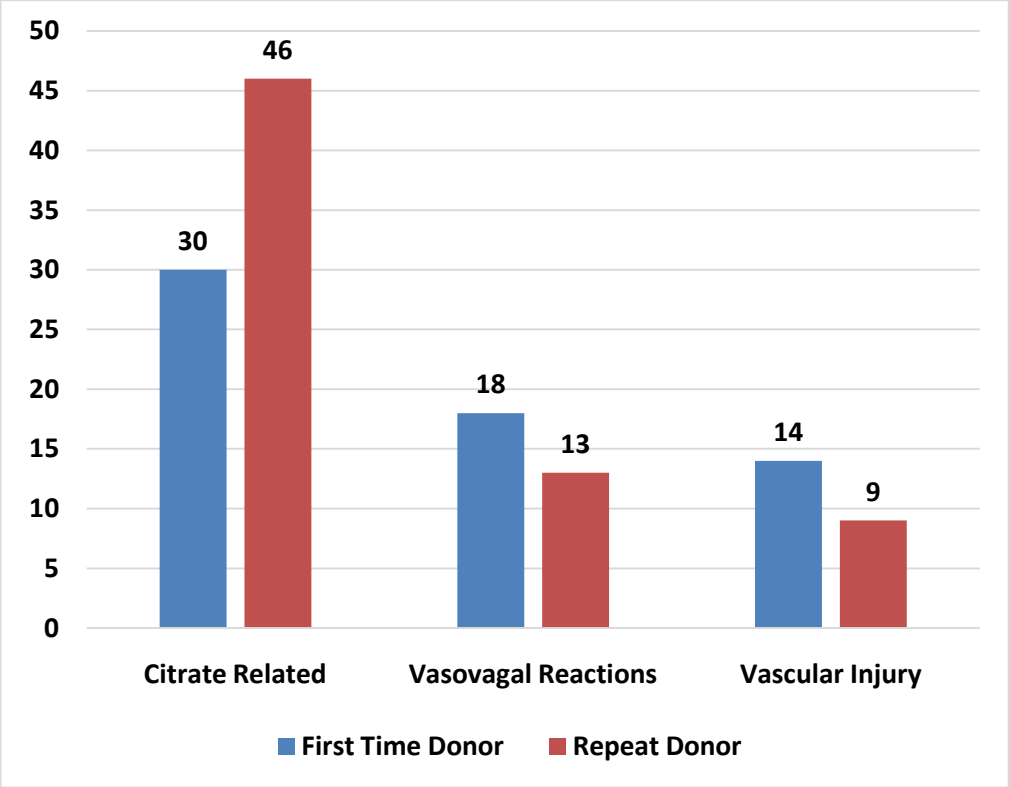
Table 29

Type of AEs In First Time And Repeat Apheresis Donors

Type of AE	First time donors n (%)	Repeat donors n (%)
Citrate related	30 (2.43%)	46 (2.8%)
Vasovagal reactions	18 (1.48%)	13 (0.8%)
Vascular Injury	14 (1.1%)	9 (0.55%)

Fig 17

Donor Related AEs In First Time And Repeat Apheresis Donors



NON DONOR RELATED AEs DURING APHERESIS PROCEDURE

Incidence Of Non Donor Related AEs - Equipment / Kit / Technique

Non donor related AEs 15 (0.52%) – relating to equipment / kit / technique showed technique related AEs as 6 (0.2%) followed by kit related, 5 (0.17%) and equipment related as 4 (0.139%). Kit problems were encountered in 5 procedures (0.17%). They were mainly due to leakage in the kit system. The procedure had to be halted and kit was replaced with a new one. These were secondary to the improper disposable sets. Machine breakdown was encountered in 4 procedures (0.139%). The AEs relating to technique occurred in 6 (0.2%) procedures. They were due to improper mounting of the kit on the machine. Inexperienced technical support had encountered this problem.

Non donor related AEs on TRIMA Accel showed majority of cases of AEs were technique related, 3 (0.45%) followed by Kit related and equipment related AEs with 1 (0.15%) donor each.

Non donor related AEs on MCS+ showed majority of AEs were Kit related, 4 (0.184%) followed by technique related and equipment related AEs with 3 (0.138%) donor search. Table 30 & Fig 18.

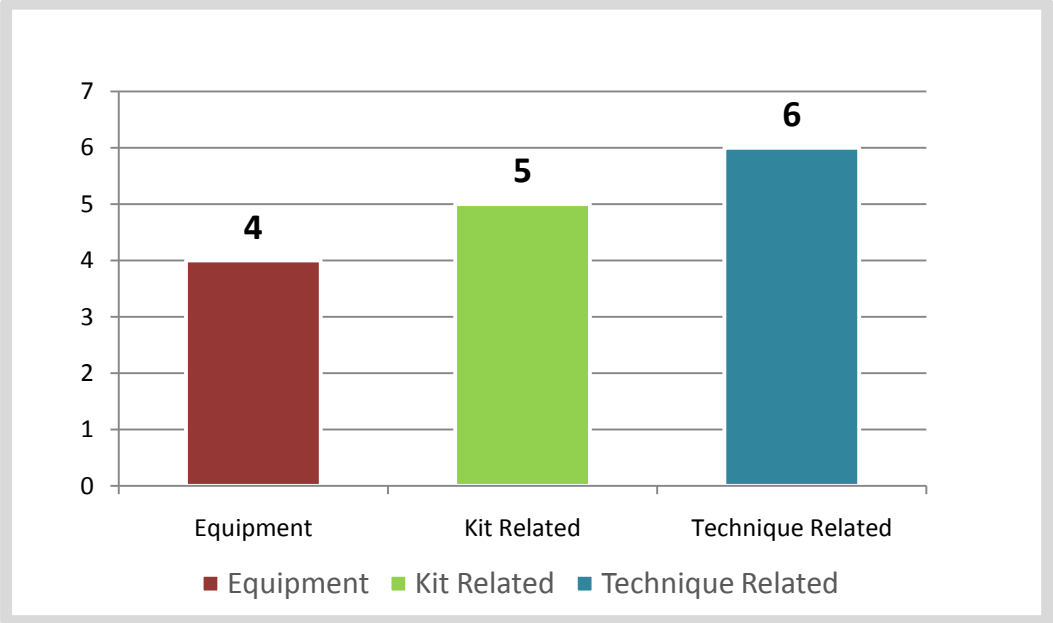
Table 30

Incidence of Non Donor Related AEs Associated with Apheresis Procedures

AEs	AEs on TRIMA Accel n(%)	AEs on MCS+ n(%)	Total AEs n(%)
Equipment Related	1 (0.15%)	3 (0.138%)	4 (0.139%)
Kit Related	1 (0.15%)	4 (0.184%)	5 (0.17%)
Technique Related	3 (0.45%)	3 (0.138%)	6 (0.2%)
Total	5 (0.75%)	10 (0.46%)	15 (0.52%)

Fig 18

Incidence of Non Donor Related Adverse Events Associated with Apheresis Procedures



Frequency of Non Donor Related AEs Associated with Apheresis Procedures

Non donor related AEs were 15 (10.34%) with faulty technique cases 6 (4.13%) followed by faulty kit 5 (3.44%) and equipment related as 4 (2.75%). The non donor related AEs on TRIMA Accel were 5 (3.44%) with more cases having faulty technique, 3 (2.06%) followed by equipment related and kit related events in 1 (0.689%) case each. The non donor related AEs on MCS+ were 10 (6.89%) with more cases having Kit faulty, 4 (2.758%) followed by equipment related and technique related events in 3 (2.06%) cases each. Table 31.

Table 31

Frequency of Non Donor Related AEs Associated with Apheresis Procedures

AEs	AEs on TRIMA Accel n(%)	AEs on MCS+ n(%)	Total AEs n(%)
Equipment Related	1 (0.689%)	3 (2.06%)	4 (2.75%)
Kit Related	1 (0.689%)	4 (2.758%)	5 (3.44%)
Technique Related	3 (2.06%)	3 (2.068%)	6 (4.13%)
Total	5 (3.44%)	10 (6.89%)	15 (10.34%)

Causes of Non Donor Related -Equipment/ Kit / Technique related AEs in TRIMA Accel

- **Equipment related** AE was due to air purge failure in one case (0.15%).
- **Kit related** AE was due to kit leakage in one case (0.15%).
- **Technique related** AE were seen in 3 (0.45%) cases, due to ACD being connected early in one case; donor line clamp not being opened on time in one case; improper fitting of separation chamber on rotator cup in one case. Table 32.

Table 32

Causes of Non Donor Related - Equipment/ Kit / Technique related AEs in TRIMA Accel

Type of AEs	No. (%)	Cause
Equipment Related	1 (0.15%)	Air purge failure
Kit Related	1 (0.15%)	Kit Leakage due to breakage of separation chamber.
Technique Related	3 (0.45%)	a. ACD being connected early, b. Donor line clamp not being opened on time c. Improper fitting of separation chamber on rotator cup.

Causes of Non Donor Related -Equipment/ Kit / Technique related AEs in MCS+

- In 3 (0.138%) donors, equipment related AEs were due to air purge failure; bowl related problem; change in calibration of equipment in one case each.
- In 4 (0.184%) donors kit related AEs were due to kit Leakage due to breakage of separation chamber in two cases; excessive kinks in the tube were present in one case and RBC spillage in one case.
- In 3 (0.138%) donors technique related AEs was due to wrong selection of program modules. Table 33.

Table 33

Causes Of Non Donor Related - Equipment/ Kit / Technique Related AEs In MCS+

Type of AE	No. of AEs(%)	Cause
Equipment Related	3 (0.138%)	a. Air purge failure b. Bowl Related c. Change in calibration of equipment.
Kit Related	4 (0.184%)	a. Kit Leakage due to breakage of separation chamber-2 b. Excessive kinks in the tube-1 c. RBC spillage-1
Technique Related	3 (0.138%)	a. Wrong selection of program modules.

DISCUSSION

A total of 2859 apheresis procedures were done during the study period which included 2836 (99.19%) plateletpheresis and 23(0.8%) plasmapheresis. Out of the plateletpheresis, 666 (23.48%) procedures were done on TRIMA Accel while 2170 (76.51%) were done on MCS+. Out of the plasmapheresis procedures done during the study period, all 23 (100%) were done on MCS. Out of the total 2859 apheresis procedures, 70 apheresis products were discarded of which all were SDPs. No plasmapheresis product was discarded. 137 SDPs were not issued to the patient intended but were issued to other patients.

Apheresis Donor Profile

The potential apheresis donor should meet several requirements to be accepted as a suitable candidate for blood component donation.[40] Criteria such as hematocrit or haemoglobin levels, age, weight and minimum platelet count are important for the safety of the donor.[41]

In present study, most of the apheresis donors 1452 (50.78%) were in the age group of 21 to 30 years. The mean age was 30.74 yrs± 8.44 SD with a range from 18 yrs to 65 yrs. This is similar to the study of Bassi R et al.[38] where maximum apheresis donors (68.07%) were in the age group between 21 and 30 years, minimum age being19 years and maximum age being 60 years. In the study conducted by Barbosa MH et al.[32] the mean age was 40 years [SD=8.9], with the most prevalent age group being between 40 and 49 years (40.8%).

In present study, most of the apheresis donors 2855 (99.86%) were male. Only 4 (0.139%) donors were female. This is similar to the study of Bassi R et al.[38] where all the donors were male. Females did not fulfil the criteria for selection of apheresis donors. Most of the females were anaemic, underweight, or had poor veins. Alloimmunization due to repeated pregnancies also make the females unfit for donation.[42] Several studies show a common profile for donation, in which there are

larger number of male donors.[42-46] Some studies also show that men have lower rates of AEs as compared to women in plateletpheresis donation. Another study also pointed out that only women were associated with complications related to the venipuncture.[32] In present study no female apheresis donor had any adverse event.

Weight or body mass is indicated as criterion to maximize plateletpheresis donation because higher platelet yields can be obtained from larger donors with higher blood volume.[43] In the present study weight wise distribution of plateletpheresis donors showed maximum donors 1185 (41.78%) in the 61-70 kg category followed closely by 71-80 kg category with 1029 (36.28%) donors. The maximum weight was 100 kg while minimum weight was 60 kg. The mean weight of the donors was 74.33kg ± 9.80 SD. This was similar to the results of Bassi et al.[38] where maximum donors (47.88%) were in the 61–70 kg category; the weight of donors ranged from 60 kg to 115 kg. In study conducted by Barbosa et al.[32] the mean donor weight was 78.7kg which was close to the present study.

In the present study, maximum apheresis donors 1095 (38.3%) were of B positive Blood group. The next prevalent blood type was O positive, which accounted for 35.6% of the donations. In study conducted by Bassi et al.[38] and Barbosa et al.[32] the most prevalent blood type was O positive (53.8%).

In the present study, maximum apheresis donors, 2023 (70.76%) were voluntary while 836 (29.24%) were replacement. This was similar to the study of Bassi et al.[38] where 136 (63.84%) were voluntary and 77 (36.15%) were replacement donors.

In the present study, maximum apheresis donors, 1625 (56.81%) were repeat donors while 1234 (43.16%) were first time donors. It may be due to the fact that voluntary donors were repeat donors and in the present study, maximum donors 1625 (56.81%) were repeat donors.

Mean predonation Hb of Apheresis Donors was 14.87gm % ± 3.16 SD. Where as in the study conducted by Bassi et al.[38] the predonation mean hemoglobin was 13.76 g/dl. In the study conducted by Barbosa et al.[32] the mean values of hemoglobin and hematocrit before donation were 14.8g/dl and 44%, respectively. In the present study, predonation platelet count of overall apheresis donors showed maximum donors, 939 (33.11%) with platelet count of 250 – 300 $X10^9$/L followed by 914 (32.22%) with platelet counts of 200-250$X10^9$/L. The mean predonation platelet count was 272.98 ± 56.59 $X10^9$/L with maximum donors having platelet counts between 200 to 300x10^9/L. The predonation platelet counts ranged from 157x10^9/L to 508x10^9/L. This was similar to Bassi et al.[38] where maximum donors (31.92%) had pre-procedural platelet count between 201 and 250×10^9/L, pre- procedural platelet count of donors ranged from 170 to 450 × 10^9/L. The mean pre-procedural platelet count was 281×10^9/L.

Plateletpheresis Session Profile

In the present study the overall plateletpheresis session profile showed that the number of apheresis procedures was 2836; mean ACD used was 313.53 ml ± 70.23 SD with range from 143 ml to 480 ml. Mean volume of whole blood processed was 2613.09 ml ± 361.10 SD with range from 1618 ml to 3650 ml. Mean time taken for completing the session was 71.27 min ± 16.09 SD with range from 35 min to 126 min. The mean platelet yield was 3.50x10^{11}± 0.71 SD with range from 2.9 x10^{11} to 7x10^{11}. The mean plasma volume was 261.83 ml ± 36.46 SD with range from 205 ml to 501ml.

In study conducted by Bassi et al.[38] the mean amount of Acid Citrate Dextrose (ACD) used during the procedures was 258 ml. The mean volume of blood processed by the equipment was 2362 ml. The mean duration of a plateletpheresis session was 51.04 minutes. The mean amount of platelet yield estimated for collection was 3.83 × 10^{11} and the mean volume of the product obtained was 310 ml.

In study conducted by Barbosa et al.[32] the mean amount of ACD used during the procedures was 360 ml. The mean volume of blood processed by the equipment was 2829.8 ml. The mean duration of a plateletpheresis session was 73 min. The mean amount of platelets estimated for collection was 3.47×10^{11} and the mean volume of the product obtained was 299.55 ml. Table 34.

Table 34

Plateletpheresis Session Profile In Various Studies

Type of Procedure	**ACD Used (ml)**	**Whole Blood Processed (ml)**	**Time Taken (min)**	**Platelet Yield (x10^{11})**	**Plasma Volume (ml)**
Barbosa et al. [32] (2014)	360	2829.8	73	3.47	299.55
Bassi et al[38] (2017)	258	2362	51.04	3.83	310
Present Study (2019)	313.53 $\pm$ 70.23	2613.09 $\pm$ 361.10	71.27 $\pm$ 16.09	3.50 $\pm$ 0.71	261.83 $\pm$ 36.46

Plateletpheresis Session Profile on TRIMA

In the present study Plateletpheresis session profile on TRIMA showed ACD used as 201.75 ml. The whole blood processed was 2181.80 ml. The time taken for the session was 49.61 min. Plasma volume was 237.55 ml while the platelet yield was $3.33x10^{11}$.

In study conducted by Bassi et al.[38] all the procedures were being done upon TRIMA. The mean amount of Acid Citrate Dextrose (ACD) used during the procedures was 258 ml. The mean volume of blood processed by the equipment was 2362 ml. The mean duration of a plateletpheresis session was 51.04 minutes. The mean amount of platelet yield estimated for collection was 3.83×10^{11} and the mean volume of the product obtained was 310 ml. Table 35.

Table 35

Plateletpheresis Session Profile on TRIMA Accel In Various Studies

	ACD Used (ml)	Whole Blood Processed (ml)	Time Taken (min)	Platelet Yield ($x10^{11}$)	Plasma Volume (ml)
Bassi et al[38] (2017)	258	2362	51.04	3.83	310
Present study (2019)	201.75	2181.80	49.61	3.33	237.55

Plateletpheresis Session Profile on MCS+

In present study plateletpheresis session profile on MCS+ showed ACD used as 347.53 ml. The whole blood processed was 2742.59 ml. The time taken for the session was 77.84 min. Plasma volume was 268.96 ml while the platelet yield was $3.55x10^{11}$. The session profile on MCS+ was in accordance with the study of Ranganathan S et al [23] and Barbosa et al.[32] Table 36.

Table 36

Plateletpheresis Session Profile on MCS+ In Various Studies

Study	ACD Used (ml)	Whole Blood Processed (ml)	Time Taken (min)	Platelet Yield ($x10^{11}$)	Plasma Volume (ml)
Ranganathan S. et al[23] (2007)	330	3200–3400	74.5±3.12	--	330
Barbosa et al[32] (2014)	360	2829.8	73	3.47	299.55
Present study (2019)	347.53	2742.59	77.84	3.55	268.96

In an investigation by Ranganathan S. et al[23] evaluated the performance of two plateletpheresis devices, the data on the performance of Haemonetics mobile platelet collection system MCS3p were a mean duration of 74.5±3.12 min., volume processed 3.2–3.4 L and volume of ACD used 330 ml.[23]

This data corroborates the results of Barbosa et al,[32] considering that Haemonetics mobile platelet collection system MCS3p was used in the donation centre. The mean amount of ACD used during the procedures was 360 ml. The mean volume of blood processed by the equipment was 2829.8 ml. The mean duration of a plateletpheresis session was 73 min. The mean amount of platelets estimated for collection was 3.47×10^{11}. and the mean volume of the product obtained was 299.55 ml. Making sure that the results of the equipment involved in the donation process were similar to and was essential to provide maximum safety to the donor and avoid complications due to faulty instruments.

The platelet yield of all plateletpheresis session shows majority of the donors, 1233 (43.47%) & 1231 (43.40%) with yield of $<3x10^{11}$ & 3.1–$4x10^{11}$ respectively. The mean platelet yield was $3.50x10^{11}\pm$ 0.71 SD with a range from 2.9 $x10^{11}$ to $7x10^{11}$. In the study conducted by Bassi et al.[38], in maximum donations 53.52% platelet yield was 3×10^{11}. Maximum platelet yield of $>6x10^{11}$ was seen in 0.77% donors. In 15.02% donations platelet yield was 6×10^{11}.

With platelet yield of 6×10^{11}, the mean volume of blood processed by the equipment was 2792 ml, the mean volume of the product obtained was 428 ml and the mean amount of ACD used during the procedures was 310 ml. Donor who had maximum platelet count (450×10^9/L) with platelet yield of 6×10^{11}, the volume of blood processed, ACD used during the procedures and duration of the run was less as compared to donor who had minimum platelet count (260 $x10^9$/L) with 6×10^{11} platelet yield.[38]

ADVERSE EVENT PROFILE

Although apheresis procedures are considered to be safe, data reported in the medical literature about the frequency of adverse events during donations show a broad heterogeneity.[47,48]

Although apheresis and blood donation are generally considered to be safe procedures, the incidence of adverse effects in donors has not been determined in large, multicentre series of donations.[47-53]

Literature suggest that apheresis procedures are well tolerated and donors experience adverse events (AEs) at rates similar to or even lower than those seen with whole blood (WB) donations.[13,54-55] It is likely due to the more modest fluid shift and smaller net fluid deficit associated with apheresis procedures.[13]

Overall 145(5.07%) AEs were recorded in the present study. 130 (4.52%) AEs were donor related and 15(0.52%) were non donor related. These were categorised according to their nature and graded according to their severity.

Comparison Of Incidence of AEs In Apheresis In Various Studies

The incidence of AEs in the present study were 5.07% (145). This is comparable to the studies by Bassi et al[38], Dogra et al[1] & Barbosa et al[32] as 3.75%, 5.86% & 4.4% respectively. Patidar GK et al[31] reported 18%, a significantly higher incidence of AEs. Table 37.

Table 37

Comparison Of Incidence of AEs In Apheresis In Various Studies

Study	AEs(%)
Patidar GK et al [31](2013)	18%
Barbosa MH et al [32] (2014)	4.4%
Dogra K et al [1] (2017)	5.86%
Bassi R et al [38] (2017)	3.75%
Present study (2019)	5.07%

Comparison Of Frequency of AEs In Apheresis In Various Studies

In the present study majority of the AEs were donor related, 89.65% with kit /equipment related and technique related AEs was 6.21% & 4.14% respectively. Patidar GK et al[31] & Dogra et al[1] reported similar trend with donor related, kit/ equipment related & technique related as 95.6% & 4.4% and 78.43%, 14.71% & 6.86% respectively. While Bassi et al[38] showed lesser donor related AEs as 61.53%; higher kit/equipment and technique related AEs as 23.07% and 15.38% respectively. Table 38

Table 38

Comparison Of Frequency Of AEs In Apheresis In Various Studies

Name of the study	Donor related AEs (%)	Equipment / Kit related (%)	Technique related (%)
Patidar GK et al[31] (2013)	95.6%	4.4%	-
Dogra K et al[1] (2017)	78.43%	14.71%	6.86%
Bassi R et al[38] (2017)	61.53%	23.07%	15.38%
Present study (2019)	89.65%	6.21%	4.14%

Comparison Of Incidence of AEs In First Time & Repeat Donors In Various Studies

Comparison of overall AEs in first time and repeat donors in various studies showed that the overall AEs in the first time donors was 5.02% in the present study which was more than 4.18% in repeat donors. Despotis et al[14], Barbosa et al[32] and Henriksson et al[35] also reported similar results. Patidar et al[31] reported contrary to the above results where the repeat donors had more AEs,19.09% as compared to 15.9% in first time donors. Table 39.

Table 39

Comparison Of Incidence of AEs In First Time & Repeat Donors In Various Studies

Studies	**Despotis et al[14] (1999)**	**Patidar et al [31] (2013)**	**Barbosa et al[32] (2014)**	**Henriksson et al[35] (2016)**	**Present Study (2019)**
First time donors	1.09%	15.9%	8.7%	8.9%	5.02%
Repeat donors	0.77%	19.09%	8.6%	6.1%	4.18%

Comparison Of Incidence of Donor Related AEs In First Time & Repeat Donors In Various Studies

Comparison of donor related AEs in first time and repeat donors in various studies showed that the CR were more in repeat donors as compared to the first time donors and was also seen in the study of Patidar et al[31] which was in accordance with the present study.

The present study showed that the vasovagal AEs were more in the first time donors as compared to the repeat donors which was also recorded by Patidar et al.[31]

The present study showed that the vascular injuries were more in first time donors as compared to the repeat donors, which was also endorsed by the study of Patidar et al.[31] Table 40.

Table 40

Comparison Of Incidence of Donor Related AEs In First Time & Repeat Donors In Various Studies

Study	**Patidar et al[31] (2013)**	
Type of AEs	**First Time Donor**	**Repeat Donor**
Citrate Related	6.97%	12.06%
Vasovagal	0.99%	0.50%
Vascular Injury	7.97%	6.53%
Total	15.93%	19.09%
Study	**Present Study (2019)**	
Citrate Related	2.43%	2.8%
Vasovagal	1.48%	0.8%
Vascular Injury	1.1%	0.55%
Total	5.02%	4.18%

Comparison Of Donor related AEs According To Grading In Various Studies

The present study showed that predominant AEs were mild, 4.33% which was also observed by Crocco et al[25], Patidar et al[32], Amanat et al[34] and Sujatha et al.[36] Moderate AEs were few with 0.20% donors experiencing AEs in the present study. This was also observed by Patidar et al[31] & Amanat et al[34]. No severe AE was seen in the present study, while the literature also showed that severe AE are rare and are reported by Crocco et al[25] as 0.004%. Table 41

Table 41

Comparison Of Donor related AEs According To Grading In Various Studies

Grades	Crocco et al [25] (2009)	Patidar et al [32] (2013)	Amanat et al [34] (2015)	Sujatha et al [36] (2016)	Present study (2019)
Mild	1.06%	0.02%	1.5%	0.37%	4.33%
Moderate	-	0.01%	1%	-	0.20%
Severe	0.004%	-	-	-	-

The literature reports a low incidence of severe reactions with no episodes necessitating hospitalisation of the donor and no difference in reaction rates according to the type of donation.[4,47]

Comparison Of Incidence of Donor Related AEs In Various Studies

Donor related AEs in the present study showed that the Citrate related AEs were 2.6%, which was in accordance with the study of Dogra et al[1] and Khajuria et al.[37] Patidar et al[31] reported a very high citrate reaction, 9%. While other studies of Mcleod et al[15], Crocco et al[25], Philip et al,[7] Sujatha et al[36] and Bassi et al.[38] reported a low citrate reaction rate.

The vasovagal reactions in the present study was 1.08% which was close to the study of Patidar et al[31], Dogra et al[1], Khajuria et al[37] &Bassi et al[38] while Mcleod et al[15], Crocco et al[25], Philip et al[7] and Sujatha et al[36] reported less number of vasovagal reactions.

Vascular injuries in the present study was 0.8% which was close to the reports of Mcleod et al[15], Philip et al,[7] Sujatha et al[36], Dogra et al[1], Khajuria et al[37] and Bassi at al. [38] While Patidar et al[31] reported a very high rate of vascular injury. Table 42

Table 42

Comparison Of Incidence Of Donor Related AEs In Various Studies

Name of the study	Citrate related AEs	Vasovagal reactions	Vascular Injuries	Overall Donor related AEs
Mcleod et al[15] (1998)	<1%	0.39%	1.15%	2.18%
Crocco et al[25] (2009)	0.38%	0.24%	-	0.62%
Philip J et al[7] (2013)	0.96%	0.09%	1.6%	2.72%
Patidar et al [31] (2013)	9%	0.8%	7.4%	17.2%
Sujatha et al [36] 2016	0.91%	0.39%	1.56%	2.86%
Dogra et al [1] (2017)	2.7%	0.76%	1.2%	4.66%
Khajuria et al [37] (2017)	3.03%	1.51%	1.51%	6.06%
Bassi R et al [38] (2017)	1.4%	0.9%	1.3%	3.75%
Present study (2019)	2.6%	1.08%	0.8%	4.54%

In the present study no female donor experienced adverse event. Dogra et al[1] did not report incidence of any adverse events in all 18 female donors who underwent plateletpheresis procedures which may be a chance occurrence only.

Yuan.[44] et al reported that females were approximately 2.5 times more likely to have an AE of any type compared to male donors. The

sex difference is most pronounced in the CR and VI categories, and intermediate in the PS + CR and miscellaneous categories. Interestingly, the sex disparity is least striking in the PS alone category, where the incidence was only slightly, and insignificantly higher in females. This is in contrast to the much higher risk for female donors to have PS reactions during WB donations than males, which has been attributed to their smaller body size.[56,57] Female apheresis donors suffering a higher incidence rate of AEs in comparison to the male apheresis donors have also been reported by Tomita et al.[45]

Citrate‑related AEs

Donor related AEs in the present study showed that the citrate related AEs was 2.6%, which was in accordance with the study of Dogra et al[1] and Khajuria et al.[37] Patidar et al[32] reported a very high citrate reaction, 9%. While other studies of Mcleod et al[15], Crocco et al[25], Philip et al,[7] Sujatha et al[36] and Bassi et al. [38] reported a low citrate reaction rate. Table 42. Variation in CR may be attributed to administration of oral calcium tablets to the donors at the beginning of the procedures, difference in the donor characteristics, duration of the procedures and equipments used.

Comparison of Plateletpheresis Session Profile of Reactors & Non-reactors

In present study the plateletpheresis session profile of reactors (citrate toxicity) and non reactors showed that amount of ACD used and whole blood processed in reactors was more, as compared to non reactors. The mean volume of blood processed and ACD infused in reactors were 2899.43ml & 353.44ml while in non-reactors it was 2601.63ml & 311.72ml respectively. This is similar to the study done by Patidar et al[31] which showed that total blood volume processed and ACD infused were higher in reactors as compared to non-reactors. Table 43.

Table 43

Comparison of Plateletpheresis Session Profile of Reactors & Non-reactors In Various Studies

Type of AE	ACD Used (ml)	Whole Blood Processed (ml)	Time Taken (min)
Patidar et al [31] (2013)			
Citrate Toxicity (Reactor) 45(9%)	376	3328	-
Non Reactor 455(91%)	321	2365	-
Present study 2019			
Citrate Toxicity (Reactor) 76(2.6%)	353.44	2899.43	82.40
Non Reactor 2783(97.4%)	311.72	2601.63	70.80

In the present study mean time taken for completing the session was higher (82.40min) as compared to non-reactors (70.80min). Similar to the present study, Yuan et al[44] revealed that AEs occurred in apheresis procedures which took more time (mean: 77.1 min) and had a higher infusion of ACD (mean: 301.5 ml) compared to those without AEs.

Bassi et al[38] reported that the mean volume of blood processed, the mean amount of ACD used, and the duration of run were more in donors with low platelet count as compared to donors with high platelet count with same platelet yield. This is due to the fact that machine has to process more blood volume with more infusion of ACD to the donor to achieve the same platelet yield in donors with low platelet count, thus more AEs. These findings are consistent with the study of Mercan et al.[58] who showed that donors who undergo the procedure repeatedly or for prolonged periods are susceptible to an accumulation of citrate as levels exceed the amount that can be metabolized by the body.[40] Citrate can chelate magnesium as well as calcium. Divalent cations (iCa[+], TCa[+], TMg[+]) showed a statistically significant

decline after donation ($P < 0.0001$).[31] However, magnesium supplementation has not been shown to decrease mild CR symptoms. Hence, prophylactic magnesium supplementation is not recommended for plateletpheresis donation. While we did not determine preprocedural ionized calcium level in the present study, Bolan et al.[59] found an average fall in ionized calcium of 33% from baseline which produces the signs and symptoms of citrate toxicity. In the study conducted by Philip *et al*.[7] calcium supplementation was given in the form of 1gm capsules of calcium carbonate orally. The results of administration of oral calcium carbonate and its effects on citrate toxicity by Bolan et al.[59] reported that the administration of 2 g of calcium carbonate was associated with a statistically significant reduction in the severity of paraesthesias.[59,60] The treatment of citrate reactions includes slowing the re‑infusion rate, increasing donor blood‑to‑citrate ratio, oral calcium supplementation, and if required, giving intravenous calcium.[16-18,61]

In study conducted by Barbosa et al.[32] indicated a marginally significant association between the shorter duration of the procedure and adverse events, with no association related to the volume of ACD.

Citrate related reactions associated with apheresis are common donor related mild adverse events which are transient and self-limiting.[16] This well-known phenomenon is the result of the chelation of ionised calcium by the citrate present in ACD.[62] In accordance to Bolan et al.[59], administration of mouth dissolving oral calcium tablets to these donors when they complained of paraesthesia/ tingling or numbness sensations around the mouth or cramps in the fingers or toes while undergoing the procedures are found to allay the symptoms. However, Das et al.[62] reported insignificant effects of such interventions which may be because of the differences in the individual donor characteristics, the rate and amount of citrate infusion and the equipment used.

Vasovagal Reactions

The VVRs in the present study was 1.08% which was close to the study of Patidar et al,[31] Dogra et al,[1] Khajuria et al[37] & Bassi et al[38] while Mcleod et al[15], Crocco et al[25], Philip et al[7] and Sujatha et al[36] reported less number of vasovagal reactions. Table 42.

The safety of younger donors has garnered much attention recently due to published data, clearly demonstrating a markedly higher risk of AEs, especially PS, for younger WB donors.[63, 64]

Vasovagal reactions may be attributed to apprehension due to mechanical and psychological factors. In a study done by Tomita et al.[45] he examined that the incidence of vasovagal reactions among male apheresis donors and whole blood donors were 0.83% and 0.99% respectively. They also found that the incidence of vasovagal reactions increased with age among apheresis donors, unlike what has been reported with whole blood donors.

Greater RBC, plasma, and TBV losses; less anticoagulant infused relative to the donor's TBV; and hence lower net fluid balance at the end of the procedure were all associated with PS, whereas the association with CR or other types of reactions was not as clearly shown. PS reactions are believed to be triggered by the activity of peripheral baroreceptors, which are in turn affected by factors such as age, anxiety, and decrease in blood pressure due to blood loss.[49]

Most apheresis instruments do not automatically provide saline infusion to donors in addition to the anticoagulant infusion, but instruments that do so routinely, such as the Amicus, can significantly reduce the occurrence of PS reactions as described above.[65] In a study by Bueno et al [65] 2007 the rate of presyncopal reactions seen with procedures performed on Trima Accel(TA) was four times higher than those performed on Amicus instruments, with the distinction being that only the latter instrument routinely provided donors with saline replacement.

Yuan et al.[44] stated different types of AEs seen in apheresis donors may have different sets of risk factors. Greater blood volume loss and lower net fluid balance were associated with PS as mentioned above; female sex, older age, and smaller TBV were associated with CR, but less so with PS. He stated that, although most donors can tolerate the procedures well without supplemental fluid replacement, PS in high-risk donors (e.g., those with history of PS reactions during WB or apheresis donations) may be prevented by providing supplemental saline infusion as an extra measure of donor safety.[44]

Systemic reactions are mainly VVRs, triggered by either the anxiety related to apheresis procedure or the apprehension of needle-prick.[7] Dogra et al[1] reported a higher incidence of systemic reactions in comparison to that reported by other authors, which may be attributed to apheresis donor pool, consisted of only replacement donors.[7,15]

Vascular injuries

Vascular injuries (VIs) that resulted in significant postdonation hematomas or nerve injuries, because such injuries can induce significant donor discomfort and may require a prolonged recovery period.[66,67] VIs may also adversely affect donor satisfaction as well as retention.[57] Hypovolemia and bruising, which may be related to venipuncture as well as the use of a tourniquet on the arm for a long time and the continued movement of the hands, is also another possible complication.[68]

Vascular injuries in the present study were 0.8% which was close to the reports of Mcleod et al[15], Philip et al[7], Sujatha et al[36], Dogra et al[1], Khajuria et al[37] and Bassi at al[38]. While Patidar et al[31] reported a very high rate of vascular injury. Table 42

These often present as haematomas. These are usually due to faulty phlebotomy technique by in-experienced technical staff leading to extravasation of blood, the number of prior apheresis donations, and the anatomy at the venipuncture.

Yuan et al[44] reported that smaller donor TBV, female sex, and possibly younger age were associated with a greater likelihood of postdonation hematomas. The latter association is likely because donors with smaller body size, who are often female or younger, tend to have smaller veins. Thus they are more prone to VI when access needles of the same gauge are used for all donors. However, it should be noted that the VIs in this study were limited to those that resulted in postdonation reports from the donor, which should have captured many, but not all, cases of significant VIs.[44]

Bueno 2006.[69] in a comprehensive study on donation variables associated with the development of hematomas in 170 out of 5177 apheresis procedures, TBV, sex, and age were all shown to be unrelated to the development VIs, whereas operator experience, vein accessed, type of instrumentation, diastolic pressure, and instrument configuration were considered to be factors associated with VIs.[69] Unlike citrate reactions, which are more likely to occur in repeat donors, the probability of bruising reduces with the number of donations.[15,58] Most of the vascular injuries were committed by the relatively inexperienced newly joined staff nurses or the technical staffs in the apheresis lab.

Overall Non Donor Related AEs - Equipment / Kit / Technique Related

Non donor related AEs 15(0.52%)–relating to equipment / kit / technique showed technique related AEs as 6 (0.2%) followed by kit related, 5 (0.17%) and equipment related as 4 (0.139%). Kit problems were encountered in 5 procedures (0.17%). They were mainly due to leakage in the kit system. The procedure had to be halted and kit was replaced with a new one. These are secondary to the improper disposable sets. Machine breakdown was encountered in 4 procedures (0.139%). The AEs relating to technique were 6 (0.2%). They were due to improper mounting of the kit on the machine. Inexperienced technical support had encountered this problem. 15 Kits were

discarded due to kit related/ equipment related or technique related problem. 10 kits were of MCS+ while 5 kits were of TRIMA Accel.

Non Donor Related AEs on TRIMA Accel

Non donor related adverse events on TRIMA Accel showed majority of cases of AEs were technique related, 3 (0.45%) followed by Kit related and equipment related AEs with 1 (0.15%) donor each.

Causes of Non Donor Related AEs in TRIMA Accel

- **Equipment related** AE was due to air purge failure in one case (0.15%).
- **Kit related** AE was due to kit leakage in one case (0.15%).

Technique related AE were seen in 3 (0.45%) cases, due to ACD being connected early in one case; donor line clamp not being opened on time in one case; improper fitting of separation chamber on rotator cup in one case.

Non Donor Related AEs on MCS+

Non donor related AEs on MCS+ showed majority of cases of AEs were Kit related, 4 (0.184%) followed by technique related and equipment related AEs with 3 (0.138%) each donors.

Causes of Non Donor Related AEs in MCS+

- 3 (0.138%) cases had equipment related AEs due to air purge failure; bowl related and change in calibration of equipment in one procedure each.
- 4 (0.184%) cases had kit related AEs because of kit leakage due to breakage of separation chamber in 2 procedures, excessive kinks in the tube and RBC spillage in one procedure each.
- 3 (0.138%) cases had technique related AEs due to wrong selection of program modules.

In study conducted by Dogra et al[1] equipment related problems comprised 15 (14.71 %) events those included 4 (3.93 %) air purge failures (2 in MCS+ and 1 each in COM.TEC and Trima), 3 (2.94 %) defective kits (leakage from separation chamber in 2 kits for COM.TEC and in 1 kit for MCS+) and 8 (7.84 %) high/low AC ratio (in MCS+ leading to disabling the ACD drip monitor). Technical aberrations included 7 (6.86 %) events which included 2 (1.96 %) wrong selections of programme modules (COM.TEC), 3 (2.94 %) events due to ACD being connected early (Trima) and 2 (1.96 %) events due to the donor line clamp, not being opened on time (Trima).

Bassi et al[38] reported that 0.938% events are Technique related due to low inlet pressure, donor line clamp was not opened on time and(1.40%) were due to defective kits.

Equipment related problems can be multiple like air purge failures, variation in the AC ratio, changes in calibration of equipment.[7] In addition to this, routine maintenance visits by the system engineers will also be helpful. Defective kits can be due to excessive kinks in tubing, any breakage of separation chamber (detected as leakage from kits at the time of priming), or needle cap not in place. These can be avoided by proper inspection of the kits at the site of manufacturing as well as at the apheresis lab before installation.

Technical aberrations are one of the causes of AEs in apheresis which can be reduced by continued training of the technical personnel and under the supervision of the experienced transfusion medicine specialists. Proper training modules for the technical personnel will curtail the incidence of such preventable events.

SUMMARY AND CONCLUSION

- A total of 2859 apheresis procedures were done during the study period which included 2836 (99.19%) plateletpheresis and 23 (0.8%) plasmapheresis.
- Out of the plateletpheresis procedures done, 666 (23.48%) procedures were done on TRIMA Accel while 2170 (76.51%) were done on MCS+.
- Out of the plasmapheresis procedures done, all 23 (100%) were done on MCS+.
- Out of the total 2859 apheresis procedures, 70 Apheresis products were discarded of which all were SDPs. No plasmapheresis product was discarded.
- 137 SDPs were not issued to the patient intended but were issued to other patients.
- Maximum overall apheresis donors were in the age group of 21-30 yrs with 1452 (50.78%) donors, followed by 31-40 yrs with 852 (29.80%) donors while minimum donors were in the 51-60 yrs. age group with 70 (2.44%) donors. The mean age of donors was 30.74 yrs $\pm$ 8.44 SD with a range from 18 - 65 yrs.
- Maximum donors, 1190 (41.62%) were in the 60-70 kg category followed by 70-80 Kg category with 1042 (36.44%) donors. While none was there in >100 kg category. The maximum weight was 100 kg while minimum weight was 60 kg. The mean weight of the donors was 74.33 kg $\pm$ 9.80 SD.
- The mean height of the donors was 170.46 cm $\pm$ 4.99 SD. The minimum height was 154 cm while maximum was 182 cm.
- There were only 4 (0.139%) female donors while the remaining donors were males.
- Majority of the donors were of blood group B followed by O and by A group which accounted for 1095 (38.3%), 873 (30.53%), 589 (20.60%) donors respectively.

- Majority of apheresis donors were voluntary with 2023 (70.76%) donors while the remaining, 836 (29.24%) been replacement donors.
- The first time and repeat apheresis donors showed that repeat donors, 1625 (56.81%) were dominating the first time donors which were 1234 (43.16%).
- Predonation platelet count of apheresis donors showed maximum donors, 939 (33.11%) with platelet count of 250–300 X 10^9/L followed by 914 (32.22%) with platelet count of 200–250 X 10^9/L & 507 (17.87%) with platelet count of 300–350 X 10^9/L; Least number of donors, 18 (0.63%) were having platelets >450 X 10^9/L.
- The mean predonation platelet count was 272.98 $\pm$ 56.59 X 10^9/L with maximum donors having platelet counts were between 200 to 300 X 10^9/L.
- The predonation platelet counts ranged from 157 - 508 X 10^9/L.
- Mean predonation Hb of Apheresis Donors was 14.87gm% $\pm$ 3.16 SD. The mean predonation TSP was 6.31g/dl $\pm$ 4.8 SD with a range from 6-7.6 g/dl.
- The plateletpheresis session profile showed that mean ACD used was 313.53 ml $\pm$ 70.23 SD with range from 143 ml to 480 ml. Mean volume of whole blood processed was 2613.09 ml $\pm$ 361.10 SD with range from 1618 - 3650 ml. Mean time taken for completing the session was 71.27 min $\pm$ 16.09 SD with range from 35 min to 126 min. The mean platelet yield was 3.50 x 10^{11} $\pm$ 0.71 SD with range from 2.9 - 7 x 10^{11}. The mean plasma volume was 261.83 ml $\pm$ 36.46 SD with range from 205 ml to 501 ml.
- Plateletpheresis session profile of reactors (citrate toxicity) and non reactors showed that amount of ACD used in reactors was more i.e. 353.44 ml as compared to non reactors i.e. 311.72 ml. The reactors showed more volume of whole blood processed with 2899.43 ml as compared to non reactors, 2601.63 ml. The time taken for completing the session was more in reactors with 82.40 mins as compared to non reactors with 70.80 min.

- Total 145 (5.07%) AEs were recorded in the study. All these AEs were associated with plateletpheresis, none was seen with plasmapheresis.
- The categorisation of the AEs according to the type as donor related and non donor related (equipment / kit / technique related) was done. Majority of AEs, 130 (4.54%) were related to donors while very few i.e. 15 (0.52%) were non donor related.
- The majority of the AEs were mild in nature, 124(4.33%), while no severe reaction was recorded in the present study. All the AEs were managed in the donor room and none of it needed referral to the hospital. Only 6(0.20%) donors had moderate reaction.
- Incidence of donor related AEs associated with apheresis procedures showed the most common AE was citrate toxicity, seen in 76 (2.6%) donors followed by vasovagal reaction, seen in 31 (1.08%) donors while donors having vascular injury were 23 (0.8%).
- Frequency of AEs during apheresis showed donor related AEs as 130 (89.65%) with citrate related AEs in 76 (52.41%) donors, followed by vasovagal reactions in 31 (21.37%) donors and vascular injuries in 23 (15.86%) donors.
- Majority of the AEs were systemic in 107(3.74%) donors, while only 23 (0.80%) were local.
- The local AEs in apheresis procedures were vascular injuries which included hematomas and bruise. No case of nerve injury was seen in the present study. Amongst the vascular injuries hematomas were more common with 14(0.49%) cases while bruise was seen in 9(0.31%) cases.
- In vasovagal reactions, 25 (0.87%) donors developed nausea, vomiting and pallor while 6 (0.20%) donors had loss of consciousness for < 1 minutes along with mild symptoms.
- In citrate related AEs out of 76 donors, 52 (01.8%) donors developed numbness and tingling, while 24 (0.8%) donors developed perioral paraesthesias.

- The AEs in the first time and repeat donors showed that the first time donors had more AEs, 62 (5.02%) as compared to the repeat donors in 68(4.18%).
- Comparison of donor related AEs in first time and repeat donors showed that citrate related AEs were more in repeat donors with 46 (2.8%) donors as compared to first time donors as 30 (2.43%) donors. The vasovagal reactions were more in first time donors, 18 (1.48%) as compared to the repeat donors, 13 (0.8%). The vascular injuries were more in first time donors, 14 (1.1%) as compared to the repeat donors, 9 (0.55%).
- Incidence of Non donor related AEs – relating to equipment / kit / technique showed technique related AEs as 6 (0.2%) followed by kit related, 5 (0.17%) and equipment related as 4 (0.139%).
- Frequency of Non donor related AEs was 15 (10.34%) with faulty technique in 6 (4.13%) cases followed by faulty kit in 5 (3.44%) and equipment related fault in 4 (2.75%) cases.
- Kit problems were encountered in 5 procedures (0.17%). They were mainly due to leakage in the kit system. The procedure had to be halted and kit was replaced with a new one. These were secondary to the improper disposable sets.
- Machine breakdown was encountered in 4 procedures (0.17%).
- The AEs relating to technique were seen in 6 (0.2%) cases. They were due to improper mounting of the kit on the machine because of inexperienced technical support.
- Incidence of non donor related AEs on TRIMA showed majority of AEs were technique related, 3 (0.45%) cases followed by kit related and equipment related with 1 (0.15%) case each. Equipment related AE was due to air purge failure in 1(0.15%) case. Kit related AE was due to kit leakage in 1(0.15%) case. Technique related AEs were due to ACD being connected early in 1(0.15%) case, donor line clamp not being opened on time in 1(0.15%) case, improper fitting of separation chamber on rotator cup in 1(0.15%) case. Incidence of non donor related AEs on

MCS+ showed majority of cases of AEs were kit related, 4 (0.184%) cases followed by technique related and equipment related AEs with 3 (0.138%) donors each. 3 (0.138%) equipment related AEs were due to air purge failure in 1(0.046%), bowl related in 1(0.046%), change in calibration of equipment in 1(0.046%) case. 4 (0.184%) Kit related AEs were due to kit leakage due to breakage of separation chamber in 2 (0.092%), excessive kinks in the tube in 1(0.046%) case, RBC spillage in 1 (0.046%) case. Three (0.138%) technique related AEs were due to wrong selection of program modules.

- To conclude, though apheresis procedures are safe but are associated with AEs which can be reduced by meticulous donor vigilance, superior training modules for the technical personnel and continued supervision by experienced transfusion medicine specialists. The AEs may affect the apheresis donor pool; however, proper donor information materials to educate them will definitely help retaining these donors for further donations. Continued efforts towards making the donor's experience with apheresis more pleasant gives a forward thrust to the noble vision of preparing a voluntary apheresis donor pool in India.

BIBLIOGRAPHY

1. Dogra K, Fulzele P, Rout D, Chaurasia R, Coshic P, Chaterjee K. Adverse events during apheresis procedures: audit at a tertiary care hospital. Indian J Hematol Blood Transfus. 2017;33:106-8.
2. Wallace EL, Churchill WH, Surgenor DM, Cho GS, McGurk S. Collection and transfusion of blood and blood components in the United States 1994. Transfusion. 1998;38:625-36.
3. Waxman DA. Multicomponent donor apheresis in the Americas. Ther Apher Dial. 2004;8:93-6.
4. Popovsky MA. Multicomponenet apheresis blood collection in the United States: current status and future directions. Transfus Apher Sci. 2005;32:299-304.
5. Murphy S. Preservation and clinical use of platelets. In: Beutler E, Coller BS, Lichtman MA, Kipps TJ, Seligsohn U. Williams hematology, 6th ed. New York: McGraw-Hill; 2001. p 1905-16.
6. Burgstaler EA, Pineda AA. Plateletapheresis: Instrumentation validation. Transfus Sci. 1999;21:153-161.
7. Philip J, Sarkar RS, Pathak A. Adverse events associated with apheresis procedures: Incidence and relative frequency. Asian J Transfus Sc. 2013;7:37-41.
8. Saran RK. Apheresis. In: Transfusion Medicine Technical Manual. New Delhi. Directorate General of Health Services, Ministry of Health & family Welfare, Government of India; 2003. p. 229-43.
9. Heuft HG, Moog R, Fi scher EG, Zingsem J. German and Austrian Plateletpheresis Study Group. Donor safety in triple plateletpheresis results from the German and Austrian Plateletpheresis Study Group multicenter trial. Transfusion. 2013;53:211-20.
10. Hagberg IA, Akkøk CA, Lyberg T, Kjeldsen-Kragh J. Apheresis-induced platelet activation: comparison of three types of cell separators. Transfusion. 2000;40:182-92.

11. Lazarus EF, Browning J, Norman J, Oblitas J, Leitman SF. Sustained decreases in platelet count associated with multiple, regular plateletpheresis donations. Transfusion. 2001;41:756-61
12. Beyan C, Cetin T, Kaptan K, Nevruz O. Effect of plateletpheresis on complete blood count values using three different cell separator systems in healthy donors. Transfus Apher Sci. 2003;29:45-7.
13. Winters JL. Complications of donor apheresis. J Clin Apher. 2006;21:132-41.
14. Despotis GJ, Goodnough L, Dynis M. Adverse events in platelet apheresis donors: A multivariate analysis in a hospital-based program. Vox Sang. 1999;77:24-32.
15. Mcleod BC, Price TH, Owen H, Ciavarella D, Sniecinski I, Randels MJ, et al. Frequency of immediate adverse effects associated with apheresis donation. Transfusion. 1998;38:938-43.
16. Brecher ME, Leger RM. AABB technical manual. 15th ed. Bethesda: American Association of Blood Banks; 2005.
17. Simon TL, Dzik WH. Rossi's principles of transfusion medicine. 4th ed. Philadelphia: Lippincott Williams & Wilkins; 2009.
18. Crookes RL, Hillyer CD. Blood banking & transfusion medicine. 2nd ed. Philadelphia: Churchill Livingstone; 2009.
19. Price TH. Standards for blood banks and transfusion services. 26th ed. Bethesda MD: AABB, 2009.
20. Anderson C. Selection and care of apheresis donors. In: Mcleod BC, Szczepiorkowski, Weinstein R, Winters JL, eds. Apheresis: Principles and Practice 3rd ed. Bethesda, Maryland: AABB press. 2010. p. 111-23.
21. Crookston KP, Novak DJ. Physiology of apheresis. In: Mcleod BC, Szczepiorkowski, Weinstein R, Winters JL, eds. Apheresis: Principles and Practice. 3rd ed. Bethesda, Maryland: AABB press; 2010. p. 45-69.
22. Patel AP, Kaur A, Patel P, Patel N, Shah D, Kanvinde S, et al. Comparative study of Plateletpheresis using Baxter CS 3000 Plus and Hemotinics MCS 3P. J of Clinical Apheresis. 2004;19:137-141.

23. Ranganathan S. Comparison of plateletpheresis on the Fresenius AS.TEC 204 and Haemonetics MCS 3p. J Clin Apher. 2007;22:1-4.
24. Eder AF, Dy BA, Kennedy JM, Notari Iv EP, Strupp A, Wissel ME, et al. The American Red Cross donor hemovigilance program: complications of blood donation reported in 2006. Transfusion. 2008;48:1809-19.
25. Crocco I, Franchini M, Garozzo G, Gandini AR, Gandini G, Bonomo P, et al. Adverse reactions in blood and apheresis donors: experience from two Italian transfusion centres. Blood Transfusion. 2009;7:35-8.
26. Reiss RF, Harkin R, Lessig M, Mascari J. Rates of vaso-vagal reactions among first time teenaged whole blood, double red cell, and plateletpheresis donors. Annals of Clinical & Laboratory Science. 2009;39:138-43.
27. Yuan S, Ziman A, Smeltzer B, Lu Q, Goldfinger D. Moderate and severe adverse events associated with apheresis donations: incidences and risk factors. Transfusion (Paris). 2010;50:478-86.
28. Review of donor adverse events 2012-13. Australian Haemovigilance report data for 2011-12 and 2012-13. www.blood.gov.au/pubs/2015-haemovigilance /part-03-donor-vigilance/review-donor-adverse-events-2012-12.html
29. Goldman M, Osmond L, Yi QL, Cameron-Choi K, O'Brien SF. Frequency and risk factors for donor reactions in an anonymous blood donor survey. Transfusion. 2013;53:1979-84.
30. Eder AF. Improving Safety for Young Blood Donors. Transfusion Medicine Reviews 2012:26:14-26.
31. Patidar GK, Sharma RR, Marwaha N. Frequency of adverse events in plateletpheresis donors in regional transfusion centre in North India. Transfusion and Apheresis Science. 2013;49:244-8.
32. Barbosa MH, Nunes da Silva KF, Coelho DQ, Tavares JL, Falcao da Cruz LF, Kanda MH. Risk factors associated with the occurrence of adverse events in plateletpheresis donation. Rev Bras Hematol Hemoter. 2014;36:191-5.

33. Damulak OD, Egesie OJ, Chetle L, Thomas M. Adverse effects of whole blood donation among voluntary blood donors in Jos, Nigeria. Clinical Medicine Research. 2015;4:6-10.
34. Amanat ST, Shakoor HA, Raza M, Khan N, Rauf A. Clinical indications and adverse reactions of platelet apheresis. J Coll Physcians Surg Pak. 2015;25:403-6.
35. Henriksson MM, Newman E, Witt V, Derfler K, Leitner G, Eloot S, et al. Adverse events in apheresis: an update of the WAA registry data. Transfusion and apheresis science. 2016;54:2-15.
36. Sujatha P, Murthy S, Margam KS. Adverse events associated with apheresis procedures: incidence and relative frequency. MRIMS Journal of Health Sciences. 2016;4:208-10.
37. Khajuria K, Sawhney V, Sharma R, Gupta S. Adverse donor reaction during and after plateletpheresis in a tertiary care centre. Int J Res Med Sci. 2017;5:1221-3.
38. Bassi R, Thakur KK, Bhardwaj K. Plateletpheresis adverse events in relation to donor and plateletpgheresis session profile. Iraqi J Hematol. 2017;6:38-42.
39. Garg P, Bassi R, Bhardwaj K, Bodal VK. Study of adverse donor reactions of plateletpheresis in a tertiary care hospital of north India. Ann Int Med Den Res. 2018;42:46-7.
40. Brasil. Agência Nacional de Vigilância Sanitária. Portaria MS no. 1.353, de 13.06.2011. Brasília: Agência Nacional de Vigilância Sanitária; 2011. Available from: http://bvsms.saude. gov.br/bvs/saudelegis/gm./2011/prt1353 13 06 2011.html [cited 18.05.12].
41. Fundação Hemominas. Manual de Normas e Procedimentos de Atendimento ao Doador; 2012.
42. Middelburg RA, Van Stein D, Zupanska B, Uhrynowska M, Gajic O, Muniz‐Diaz E, et al. Female donors and transfusion‐related acute lung injury: A case‐referent study from the International TRALI Unisex Research Group. Transfusion. 2010;50:2447-54.

43. Wollersheim J, Dautzenberg M, van de Griendt A, Sybesma B. Donor selection criteria to maximize double platelet products (DPP) by platelet apheresis. Transfus Apher Sci. 2006;34:179-86.
44. Yuan S, Gornbein J, Smeltzer B, Ziman AF, Lu Q, Goldfinger D. Risk factors for acute, moderate to severe donor reactions associated with multicomponent apheresis collections. Transfusion. 2008;48:1213-9.
45. Tomita T, Takayanagi M, Kiwada K, Mieda A, Takahashi C, Hata T. Vasovagal reactions in apheresis donors. Transfusion (Paris). 2002;42:1561-6.
46. Guo N, Wang J, Ness P, Yao F, Dong X, Bi X, et al. Demographics of apheresis platelet donors in five blood centers in China. Transfusion. 2012;52:560-6.
47. Kasprisin DO, Glynn SH, Taylor F, Miller KA. Moderate and severe reactions in blood donors. Transfusion. 1992;32:23-6.
48. Ogata H, Iinuma N, Nagashima K, Akabane T. Vasovagal reactions in blood donors. Transfusion. 1980;20:679-83.
49. Trouern-Trend JJ, Cable RG, Badon SJ, Newman BH, Popovsky MA. A case-controlled multicenter study of vasovagal reactions in blood donors: influence of sex, age, donation status, weight, blood pressure and pulse. Transfusion. 1999;39:316-20.
50. Ranasinghe E, Harrison JF. Bruising following blood donation, its management and the response and subsequent return rates of affected donors. Transfus Med. 2000;10:113-6.
51. Horowitz SH. Venipuncture-induced causalgia: anatomic relations of upper extremity superficial veins and nerves, and clinical considerations. Transfusion. 2000;41:1036-40.
52. Zervou EK, Ziciadis K, Karabini F, Xanthi E, Chrisostomou E, Tzolou A, et al. Vasovagal reactions in blood donors during or immediately after blood donation. Transfus Med. 2005;15:389-94.
53. Sorensen BS, Johnsen SP, Jorgensen J. Complications related to blood donation: a population-based study. Vox Sang. 2008;94:132-7.

54. Gilcher RO. Apheresis: Principles and technology of hemapheresis. In: Simon TL, Snyder EL, Stowell CP, Strauss RG, editors. Rossi's principles of transfusion medicine. 3rd ed. Philadelphia (PA): Lippincott, Williams &Wilkins; 2002. p. 648-58.
55. Wiltbank TB, Giordano GF. The safety profile of automated collections: an analysis of more than 1 million collections. Transfusion. 2007;47:1002-5.
56. Newman BH. Vasovagal reactions in high school students: findings relative to race, risk factor synergism, female sex, and non-high school participants. Transfusion. 2002;42:1557-60.
57. Newman BH, Pichette S, Pichette D, Dzaka E. Adverse effects in blood donors after whole-blood donation: a study of 1000 blood donors interviewed 3 weeks after whole-blood donation. Transfusion. 2003;43:598-603.
58. Mercan D, Bastin G, Lambermont M, Duponz E. Importance of ionized magnesium measurement for monitoring of citrate-anticoagulated plateletpheresis. Transfusion (Paris). 1997;37:418-22.
59. Bolan CD, Greer SE, Cecco SA, Oblitas JM, Rehak NN, Leitman SF. Comprehensive analysis of citrate effects during plateletpheresis in normal donors. Transfusion. 2001;41:1165-71.
60. Bell AM, Nolen JF, Knudson CM. Severe citrate toxicity complicating volunteer apheresis platelet donation. J Clin Apher. 2007;22:15-6.
61. Klein HG, Anstee DJ. Mollison's blood transfusion in clinical medicine. 11th ed. Bristol (UK): Blackwell Publishing Ltd. 2005.
62. Das SS, Chaudhary R, Khetan D, Shukla JS, Agarwal P, Mishra RB. Calcium and magnesium levels during automated plateletpheresis in normal donors. Transfus Med. 2005;15:233-6.
63. Eder AF, Hillyer CD, Dy BA, Notari EP 4th, Benjamin RJ. Adverse reactions to allogeneic whole blood donation by 16- and 17-year-olds. JAMA. 2008;48:251-7.
64. Wiltbank TB, Giordano GF, Kamel H, Tomasulo P, Custer B. Faint and prefaint reactions in whole-blood donors: an analysis of

predonation measurements and their predictive value. Transfusion. 2008;48:1799-808.

65. Bueno JL. Do we really know the real risks of apheresis donation? ISBT Sci Ser. 2007;2:68-74.
66. Newman BH. Donor reactions and injuries from whole blood donation. Transfus Med Rev. 1997;11:64-75.
67. Newman BH, Waxman DA. Blood donation-related neurologic needle injury: evaluation of 2 years' worth of data from a large blood center. Transfusion. 1996;36:213-5.
68. Borges TS, Vidigal DC, Chaves JM. Cadernos Hemominas: assistência de enfermagem na coleta de sangue do doador e na hemotransfusão. Belo Horizonte (MG): Fundação Hemominas. 2004.
69. Bueno JL, Castro E, García F, Barea L, González R. Hematomas in multicomponent apheresis: searching for related factors. Transfusion. 2006;46:2184-91.

Sr. No.	DP. No.	Date	Donor's Name & Address	Age	Sex	Weight (Kg)	Height (Cms)	First Time Donor/ Repeat Donor	Voluntary Donor/ Replacement Donor	Blood Group	Hb (g/dl)	Platelet Count (nX109/L)	Type of Procedure SDP/ Plasma Pheresis	TSP (g/dl)	Equipment TRIMA/ MCS+	Duration in min	Volume of Anticoa gulant Used (ml)	Whole Blood Used (ml)	Volume (ml)	PLT YIELD (X1011/µl)	Discard	Adverse Event
1.	1	1.1.18	UK	32	M	70	170	FT	RD	B+ve	16.1	268	SDP	6	MCS+	53	286	2162	260	3		
2.	2	1.1.18	MS	24	M	60	170	FT	RD	O+ve	14.1	201	SDP	6	MCS+	90	369	2966	270	3		
3.	3	1.1.18	NS	26	M	60	175	FT	RD	O+ve	16	290	SDP	7	MCS+	77	360	2840	270	4		
4.	4	1.1.18	JS	47	M	60	170	FT	RD	A+ve	13	198	SDP	6.8	MCS+	87	367	2964	268	3		
5.	5	2.1.18	IS	51	M	80	180	R	VD	AB+ve	14.5	220	SDP	6	MCS+	73	336	2665	290	3		
6.	6	2.1.18	KS	27	M	63	165	R	RD	B+ve	13.6	369	SDP	6	MCS+	77	354	2768	340	5		
7.	7	2.1.18	DS	24	M	78	170	FT	RD	A+ve	15.6	203	SDP	6.5	MCS+	90	369	2966	270	3		
8.	8	2.1.18	H	29	M	98	180	FT	RD	O+ve	15.7	194	SDP	6	MCS+	102	418	3363	315	3		
9.	9	2.1.18	DC	35	M	75	162	FT	VD	O+ve	15.1	280	SDP	7.1	MCS+	68	315	2578	270	3		
10.	10	3.1.18	K	19	M	62	172	FT	VD	AB+ve	15.8	250	SDP	6	MCS+	72	330	2630	282	3		
11.	11	3.1.18	AK	38	M	70	170	R	RD	O+ve	12	221	SDP	6.2	MCS+	73	336	2665	290	3		Kit Problem Breakage in Tubing
12.	12	3.1.18	KK	24	M	65	167	FT	RD	AB+ve	15.8	209	SDP	6	MCS+	90	369	2966	270	3		
13.	13	3.1.18	HM	22	M	80	165	FT	RD	O+ve	17.1	193	Plasma Pheresis	6.8	MCS+	45	180	1800	500	-		
14.	14	3.1.18	SS	25	M	78	162	FT	RD	O+ve	15.9	478	SDP	6	MCS+	76	320	2750	278	5.8		
15.	15	3.1.18	KS	47	M	78	175	FT	VD	O+ve	12.9	219	SDP	6	MCS+	73	336	2665	290	3		
16.	16	3.1.18	HS	30	M	88	170	FT	VD	A+ve	13.8	283	SDP	7.1	MCS+	68	315	2578	270	3		
17.	17	3.1.18	Y	25	M	72	173	FT	RD	AB+ve	15.7	250	SDP	6.5	MCS+	72	330	2630	282	3		
18.	18	4.1.18	D	30	M	72	165	FT	VD	B+ve	14.9	209	SDP	6	MCS+	90	369	2966	270	3		
19.	19	4.1.18	ES	52	M	65	165	R	VD	A+ve	15.9	339	SDP	6	MCS+	80	352	2790	330	5.1		
20.	20	4.1.18	KK	25	M	72	167	FT	VD	AB+ve	14.4	431	SDP	6.4	MCS+	65	321	2487	280	4.5		
21.	21	4.1.18	SS	23	M	60	165	FT	RD	AB+ve	14.6	271	SDP	6	MCS+	78	380	2880	250	3.7		
22.	22	4.1.18	AS	30	M	73	163	FT	VD	O+ve	15.3	246	SDP	6.4	MCS+	74	370	2830	280	3		
23.	25	6.1.18	HS	19	M	79	167	FT	VD	O+ve	15.5	210	SDP	7.1	MCS+	90	369	2966	270	3		
24.	26	7.1.18	M	46	F	65	167	FT	RD	B+ve	14	326	SDP	6	MCS+	80	350	2710	290	4.8		
25.	27	7.1.18	J	30	M	72	168	R	RD	B+ve	14.6	274	SDP	6	MCS+	70	324	2585	250	3.2	Discarded	
26.	28	8.1.18	MJ	35	M	84	166	R	VD	A+ve	14.3	312	SDP	6.6	MCS+	72	287	2250	215	3.2		
27.	29	9.1.18	SP	25	M	60	170	FT	VD	B+ve	13	261	SDP	6.5	MCS+	93	324	2765	271	3.5		
28.	30	10.1.18 11.1.18	GS	27	M	85	177	FT	RD	B+ve	14	242	SDP	6.2	MCS+	80	377	2856	273	4.1		
29.	31	11.1.18	PS	25	M	71	170	FT	VD	B+ve	15.6	203	SDP	6	MCS+	90	369	2966	270	3		
30.	32	12.1.18	MPS	27	M	68	170	R	RD	O+ve	15.5	198	SDP	6	MCS+	87	367	2964	268	3		Citrate Toxicity
31.	33	13.1.18	H	29	M	90	167	FT	RD	O+ve	15.4	350	SDP	6.8	MCS+	74	321	2487	240	3.6		
32.	34	13.1.18	MK	28	M	65	170	FT	VD	O+ve	13.3	217	SDP	6.8	MCS+	70	336	2665	260	3		
33.	35	13.1.18	SS	30	M	80	168	R	RD	O+ve	14.7	293	SDP	6	MCS+	69	334	2540	220	3.2	Half Discarded	
34.	36	14.1.18	Atul	28	M	80	170	FT	VD	O+ve	14.4	270	SDP	6	MCS+	78	380	2880	250	3.7		
35.	37	14.1.18	TK	37	M	82	172	FT	RD	A+ve	14.5	277	SDP	6	MCS+	82	370	2990	270	3.8		
36.	38	14.1.18	AS	28	M	65	182	R	VD	A+ve	15.7	272	SDP	6	MCS+	70	324	2585	250	3.2		
37.	39	15.1.18	JS	29	M	74	158	FT	RD	B+ve	16	278	SDP	7.3	MCS+	68	315	2578	270	3		
38.	40	15.1.18	GS	32	M	75	165	FT	VD	O+ve	15.2	209	SDP	6	MCS+	90	369	2966	270	3		
39.	41	15.1.18	AN	18	M	62	170	FT	VD	B+ve	14.5	204	SDP	6	MCS+	90	369	2966	270	3		
40.	43	15.1.18	K	22	M	80	165	R	RD	A+ve	14.3	253	SDP	6	MCS+	80	377	2856	270	4		Citrate Toxicity
41.	45	16.1.18	GS	25	M	75	168	R	RD	A+ve	17	316	SDP	7.6	MCS+	65	310	2440	273	3.5		Vascular Injury
42.	46	16.1.18	SS	36	M	78	168	FT	RD	AB+ve	13.1	203	SDP	7.3	MCS+	90	369	2966	270	3		
43.	47	16.1.18	RS	28	M	70	167	R	VD	AB+ve	14.7	257	SDP	7.4	MCS+	93	324	2765	271	3.5		
44.	48	16.1.18	N	24	M	88	175	FT	VD	O+ve	14.9	203	SDP	6.5	MCS+	90	369	2966	270	3		
45.	49	17.1.18	R	27	M	75	170	R	VD	B+ve	14.3	424	SDP	6	MCS+	65	321	2487	280	4.5		
46.	50	17.1.18	MK	24	M	80	170	FT	VD	AB+ve	14.3	318	SDP	6	MCS+	72	287	2250	215	3.2		
47.	51	17.1.18	BS	30	M	70	170	FT	VD	B+ve	15.3	221	SDP	6.4	MCS+	73	336	2665	290	3		
48.	52	17.1.18	G	18	M	65	170	FT	VD	O+ve	16.9	260	SDP	6.4	MCS+	93	324	2765	271	3.5		
49.	53	17.1.18	GS	19	M	74	170	FT	VD	B+ve	12	231	SDP	6.2	MCS+	82	370	2890	265	3.4		
50.	54	18.1.18 19.1.18	AK	19	M	80	164	FT	VD	O+ve	14.1	220	SDP	6	MCS+	73	336	2665	290	3		
51.	56	19.1.18	BS	22	M	65	180	R	RD	B+ve	15.1	248	SDP	6	MCS+	74	370	2830	280	3		Citrate Toxicity
52.	57	19.1.18	S	20	M	70	170	FT	VD	B+ve	13.8	332	SDP	6	MCS+	82	358	2693	330	4.8		
53.	58	19.1.18	B	57	M	80	175	R	VD	O+ve	13.6	273	SDP	6	MCS+	70	324	2585	250	3.2		
54.	59	20.1.18	AM	29	M	62	172	R	RD	AB+ve	15.5	221	SDP	7.1	MCS+	73	336	2665	290	3	Discarded	
55.	60	20.1.18	MA	34	M	71	170	FT	RD	B+ve	16.5	219	SDP	6.5	MCS+	73	336	2665	290	3		
56.	61	20.1.18	VK	35	M	84	175	FT	VD	O+ve	14.3	248	SDP	6	MCS+	74	370	2830	280	3		
57.	62	21.1.18	AK	28	M	76	165	R	VD	B+ve	16.6	199	SDP	6	MCS+	90	369	2966	270	3		
58.	64	21.1.18	VK	30	M	60	165	R	RD	B+ve	15.2	230	SDP	6.4	MCS+	81	366	2887	263	3.4	Discarded	
59.	65	22.1.18	GK	36	M	67	175	FT	RD	O+ve	14.9	345	SDP	6	MCS+	74	321	2487	240	3.6		
60.	66	22.1.18	RK	28	M	78	170	R	VD	O+ve	14.3	312	SDP	6.4	MCS+	72	287	2250	215	3.2		
61.	67	23.1.18	RS	37	M	75	170	FT	RD	A+ve	13.2	200	SDP	7.1	MCS+	90	369	2966	270	3		
62.	68	23.1.18	HS	40	M	78	177	FT	RD	B+ve	13.7	231	SDP	6	MCS+	82	370	2890	265	3.4		
63.	69	23.1.18	AG	38	M	84	176	FT	RD	O+ve	15.9	308	SDP	6	MCS+	70	311	2434	275	3.6		
64.	70	23.1.18	RS	32	M	65	170	R	VD	O+ve	14.7	213	SDP	6.6	MCS+	90	369	2966	270	3		
65.	71	23.1.18	UA	33	M	68	170	FT	RD	O+ve	13.5	298	SDP	6.5	MCS+	74	356	2673	240	3.6		
66.	72	24.1.18	TPS	46	M	70	172	FT	RD	O+ve	12.7	255	SDP	6.2	MCS+	73	329	2710	258	3.5		
67.	73	24.1.18	M	23	M	72	167	FT	RD	O+ve	13.4	212	SDP	6	MCS+	90	369	2966	270	3		
68.	74	24.1.18	GS	25	M	97	165	FT	VD	A+ve	13.6	211	SDP	6	MCS+	90	369	2966	270	3		
69.	76	25.1.18	RS	21	M	74	170	FT	RD	O+ve	15.6	400	SDP	6.8	MCS+	65	321	2487	280	4.5		
70.	77	25.1.18	L	23	M	66	180	FT	VD	A+ve	14.9	228	SDP	6.8	MCS+	81	366	2887	263	3.4		
71.	78	26.1.18	AR	21	M	80	170	FT	RD	A+ve	14.6	232	SDP	6	MCS+	82	370	2890	265	3.4		
72.	79	26.1.18	M	22	M	70	170	FT	RD	O+ve	15.3	316	SDP	6	MCS+	65	310	2440	273	3.5		
73.	80	26.1.18	LC	27	M	70	165	R	VD	A+ve	16.2	318	SDP	6	MCS+	72	287	2250	215	3.2		
74.	81	26.1.18	GS	20	M	70	165	FT	VD	A+ve	12.9	232	SDP	6	MCS+	82	370	2890	265	3.4		

Sr. No.	DP. No.	Date	Donor's Name & Address	Age	Sex	Weight (Kg)	Height (Cms)	First Time Donor/ Repeat Donor	Voluntary Donor/ Replacement Donor	Blood Group	Hb (g/dl)	Platelet Count (nX109/L)	Type of Procedure SDP/ Plasma Pheresis	TSP (g/dl)	Equipment TRIMA/ MCS+	Duration in min	Volume of Anticoa gulant Used (ml)	Whole Blood Used (ml)	Volume (ml)	PLT YIELD (X1011/µl)	Discard	Adverse Event
75.	82	27.1.18	GS	25	M	65	170	FT	VD	B+ve	17.5	372	SDP	7.3	MCS+	72	363	2778	373	4.9		
76.	83	27.1.18	VS	25	M	80	165	FT	VD	AB+ve	16.2	212	Plasma Pheresis	6	MCS+	50	190	1825	500	-		
77.	84	27.1.18	LS	28	M	86	175	R	VD	O+ve	16.3	327	SDP	6	MCS+	80	350	2710	290	4.8		
78.	85	27.1.18	AV	34	M	74	170	R	VD	A+ve	13.8	279	SDP	6	MCS+	68	315	2578	270	3		
79.	86	27.1.18	S	33	M	74	170	FT	RD	O+ve	13.3	248	SDP	7.6	MCS+	74	370	2830	280	3		
80.	87	28.1.18	A	21	M	74	177	FT	RD	A+ve	13.4	173	SDP	6	MCS+	82	439	3279	205	2.9		
81.	88	28.1.18	GS	19	M	100	170	FT	VD	O+ve	12.6	272	SDP	6	MCS+	70	324	2585	250	3.2		
82.	89	29.1.18	S	28	M	70	170	R	VD	O+ve	15.3	244	SDP	6	MCS+	74	370	2830	280	3		
83.	90	29.1.18	SK	34	M	62	164	R	RD	AB+ve	15.9	247	SDP	6	MCS+	74	370	2830	280	3		
84.	91	29.1.18	B	32	M	68	180	R	VD	O+ve	14.9	370	SDP	6	MCS+	72	363	2778	373	4.9		
85.	92	29.1.18	GS	22	M	76	170	FT	RD	AB+ve	14.7	403	SDP	6	MCS+	59	379	2498	339	4.7		
86.	93	29.1.18	RS	26	M	82	175	FT	RD	AB+ve	14.3	218	SDP	6	MCS+	70	336	2665	260	3		
87.	94	29.1.18	PJ	25	M	65	172	FT	VD	AB+ve	14.5	302	SDP	6	MCS+	74	356	2673	240	3.6		
88.	95	29.1.18	J	20	M	62	170	R	RD	B+ve	15.6	237	SDP	6	MCS+	82	370	2890	265	3.4		
89.	96	29.1.18	D	24	M	68	175	FT	VD	B+ve	17.2	322	SDP	6	MCS+	80	350	2710	290	4.8		
90.	97	29.1.18	SS	33	M	83	167	FT	RD	O+ve	15.9	285	SDP	6	MCS+	68	315	2578	270	3		
91.	98	29.1.18	JS	35	M	85	168	FT	RD	B+ve	14.8	289	SDP	6	MCS+	77	360	2840	270	4		
92.	99	30.1.18	D	27	M	85	172	R	VD	O+ve	14	249	SDP	6	MCS+	74	370	2830	280	3		
93.	100	30.1.18	AS	22	M	68	175	R	RD	A+ve	16.1	329	SDP	6	MCS+	64	360	2464	270	3.8		Vascular Injury
94.	101	30.1.18	RG	42	M	78	180	FT	RD	A+ve	14.4	256	SDP	6	MCS+	73	329	2710	258	3.5		
95.	102	30.1.18	GS	43	M	68	170	FT	RD	B+ve	16.1	256	SDP	7.3	MCS+	73	329	2710	258	3.5		
96.	103	30.1.18	PS	19	M	70	164	FT	VD	O+ve	16.8	257	SDP	6	MCS+	93	324	2765	271	3.5		
97.	104	31.1.18	S	27	M	88	180	R	VD	O+ve	15.8	412	SDP	6	MCS+	59	379	2498	339	4.7		
98.	105	31.1.18	NS	27	M	78	170	R	VD	B+ve	14.9	262	SDP	6	MCS+	93	324	2765	271	3.5		
99.	106	31.1.18	K	25	M	82	175	FT	VD	A+ve	13.5	228	SDP	7.6	MCS+	81	366	2887	263	3.4		
100.	107	31.1.18	V	24	M	71	172	FT	VD	O+ve	15.2	221	SDP	7.3	MCS+	73	336	2665	290	3		
101.	108	31.1.18	RS	39	M	97	170	FT	RD	B+ve	14.4	252	SDP	7.4	MCS+	80	377	2856	270	4		
102.	109	31.1.18	M	28	M	80	175	R	RD	A+ve	14.2	312	SDP	6.5	MCS+	72	287	2250	215	3.2		
103.	110	31.1.18	PK	38	M	68	167	FT	RD	O+ve	15.4	250	SDP	6	MCS+	72	330	2630	282	3		
104.	111	31.1.18	G	21	M	78	168	FT	RD	B+ve	15.2	261	SDP	6	MCS+	93	324	2765	271	3.5		
105.	112	1.2.18	GS	28	M	75	172	FT	RD	O+ve	17.1	257	SDP	6.4	MCS+	93	324	2765	271	3.5		
106.	113	1.2.18	GS	23	M	84	175	FT	VD	B+ve	14.4	266	SDP	6.4	MCS+	53	286	2162	260	3		
107.	114	1.2.18	S	24	M	78	180	FT	VD	A-ve	14	408	SDP	6.2	MCS+	59	379	2498	339	4.7		
108.	116	2.2.18	RC	45	M	78	154	FT	RD	AB+ve	14.5	217	SDP	6	MCS+	70	336	2665	260	3		
109.	117	2.2.18	V	43	M	65	170	FT	VD	B+ve	14.8	283	SDP	6	MCS+	68	315	2578	270	3		
110.	118	2.2.18	KS	43	M	84	172	FT	RD	B+ve	13	302	SDP	6	MCS+	74	356	2673	240	3.6		
111.	119	2.2.18	BB	20	M	68	170	R	VD	A+ve	15.3	231	SDP	6	MCS+	82	370	2890	265	3.4		
112.	120	2.2.18	R	37	M	75	170	R	RD	A-ve	14.3	226	SDP	7.1	MCS+	81	366	2887	263	3.4		
113.	121	2.2.18	VG	21	M	73	180	FT	RD	O+ve	14	292	SDP	6.5	MCS+	69	334	2540	220	3.2		
114.	122	3.2.18	V	35	M	90	167	FT	RD	O+ve	15.2	282	SDP	6	MCS+	68	315	2578	270	3		
115.	124	3.2.18	R	25	M	78	180	FT	VD	A-ve	14.4	344	SDP	6	MCS+	74	321	2487	240	3.6		
116.	125	3.2.18	DJ	22	M	79	169	FT	RD	O+ve	15.2	383	SDP	6.4	MCS+	75	341	2664	250	5.1		
117.	126	3.2.18	RK	42	M	87	176	FT	RD	O+ve	14.7	243	SDP	6	MCS+	72	350	2870	266	3.2		
118.	127	3.2.18	V	22	M	74	180	FT	RD	B+ve	13.8	294	SDP	6.4	MCS+	80	360	2840	260	4.2		
119.	128	3.2.18	MG	24	M	70	180	FT	VD	A-ve	14.1	275	SDP	7.1	MCS+	82	370	2990	270	3.8		
120.	129	4.2.18	AR	27	M	73	167	FT	RD	A+ve	15.1	241	SDP	6	MCS+	82	370	2890	265	3.4		
121.	130	4.2.18	JS	38	M	70	168	FT	RD	A-ve	14.6	360	SDP	6	MCS+	74	321	2487	240	3.6		
122.	131	5.2.18	DS	19	M	75	172	FT	VD	B+ve	16	256	SDP	6.6	MCS+	73	329	2710	258	3.5		
123.	133	5.2.18	V	22	M	63	175	FT	VD	B+ve	13.3	274	SDP	6.5	MCS+	70	324	2585	250	3.2		
124.	134	5.2.18	P	32	M	70	180	FT	VD	B+ve	15	317	SDP	6.2	MCS+	65	310	2440	273	3.5		
125.	135	5.2.18	HS	34	M	84	154	FT	RD	O+ve	13.9	260	SDP	6	MCS+	93	324	2765	271	3.5		
126.	136	5.2.18	NA	39	M	88	170	R	VD	O+ve	13.7	236	SDP	6	MCS+	82	370	2890	265	3.4		
127.	137	5.2.18	HS	23	M	70	172	R	RD	O+ve	14.4	233	Plasma Pheresis	6.8	MCS+	46	143	1618	215	3	Discarded	
128.	138	5.2.18	AK	27	M	73	170	FT	RD	O+ve	13.6	204	SDP	6.8	MCS+	90	369	2966	270	3		
129.	139	6.2.18	GS	21	M	74	170	FT	RD	B+ve	16.4	343	SDP	6	MCS+	74	321	2487	240	3.6		
130.	140	7.2.18	MS	20	M	70	180	FT	VD	B+ve	16.5	277	SDP	6	MCS+	82	370	2990	270	3.8		
131.	141	7.2.18	BK	24	M	80	167	FT	RD	O+ve	13	272	SDP	6	MCS+	70	324	2585	250	3.2		
132.	142	7.2.18	A	23	M	78	180	FT	VD	O+ve	11.1	245	SDP	6	MCS+	74	370	2830	280	3		
133.	143	8.2.18	BN	20	M	72	169	FT	VD	O+ve	14.7	248	SDP	7.3	MCS+	74	370	2830	280	3		
134.	144	8.2.18	PS	25	M	84	176	R	RD	O+ve	15.7	286	SDP	6	MCS+	68	315	2578	270	3		
135.	145	9.2.18	V	35	M	62	180	R	RD	O+ve	15.5	274	SDP	6	MCS+	70	324	2585	250	3.2		
136.	146	9.2.18	SS	30	M	78	165	FT	VD	B+ve	15.7	255	SDP	6	MCS+	73	329	2710	258	3.5		
137.	147	9.2.18	N	35	M	68	165	R	RD	O+ve	15.7	299	SDP	7.6	MCS+	74	356	2673	240	3.6		
138.	148	10.2.18	GS	38	M	72	170	FT	VD	O+ve	16.2	265	SDP	6	MCS+	53	286	2162	260	3		
139.	149	10.2.18	LS	26	M	83	165	FT	VD	O+ve	12.5	321	SDP	6	MCS+	72	287	2250	215	3.2		
140.	150	10.2.18	KS	32	M	70	175	FT	VD	A+ve	13.5	255	SDP	6	MCS+	73	329	2710	258	3.5		
141.	151	10.2.18	A	29	M	61	170	R	VD	A+ve	15.6	242	SDP	6	MCS+	80	377	2856	273	4.1		Citrate Toxicity
142.	152	11.2.18	RG	51	M	95	170	R	VD	O+ve	13.1	251	SDP	6	MCS+	72	330	2630	282	3	Discarded	
143.	153	11.2.18	PS	38	M	85	177	FT	VD	O+ve	15.2	250	SDP	7.6	MCS+	72	330	2630	282	3		
144.	154	12.2.18	VS	39	M	85	170	FT	RD	O+ve	13.6	279	SDP	7.3	MCS+	68	315	2578	270	3		
145.	155	12.2.18	GS	23	M	66	170	FT	VD	B+ve	13.1	253	SDP	7.4	MCS+	80	377	2856	270	4		
146.	156	12.2.18	MS	21	M	70	164	FT	RD	A+ve	13.8	348	SDP	6.5	MCS+	74	321	2487	240	3.6		
147.	157	12.2.18	HS	22	M	84	180	FT	VD	O+ve	16.3	242	SDP	6	MCS+	80	377	2856	273	4.1		
148.	158	12.2.18	KS	38	M	65	170	FT	VD	A+ve	14.9	225	SDP	6	MCS+	73	354	2876	240	3.1		
149.	159	12.2.18	P	23	M	98	175	FT	VD	O+ve	14	252	SDP	6.4	MCS+	80	377	2856	270	4		
150.	160	12.2.18	R	31	M	80	172	FT	RD	A+ve	14.8	310	SDP	6.4	MCS+	82	367	2840	220	4.1		
151.	161	13.2.18	GS	19	M	70	170	FT	VD	B+ve	14.9	297	SDP	6.2	MCS+	74	356	2673	240	3.6		

Sr. No.	DP. No.	Date	Donor's Name & Address	Age	Sex	Weight (Kg)	Height (Cms)	First Time Donor/ Repeat Donor	Voluntary Donor/ Replacement Donor	Blood Group	Hb (g/dl)	Platelet Count (nX109/L)	Type of Procedure SDP/ Plasma Pheresis	TSP (g/dl)	Equipment TRIMA/ MCS+	Duration in min	Volume of Anticoagulant Used (ml)	Whole Blood Used (ml)	Volume (ml)	PLT YIELD (X1011/µl)	Discard	Adverse Event
152.	162	13.2.18	S	20	M	84	175	FT	VD	A+ve	15.4	313	Plasma Pheresis	6	MCS+	55	185	1900	500	-		
153.	163	13.2.18	MS	19	M	70	167	FT	VD	B+ve	13.9	234	SDP	6	MCS+	82	370	2890	265	3.4		Vasovagal
154.	164	13.2.18	RS	20	M	70	170	FT	VD	O+ve	15.5	408	SDP	6	MCS+	59	379	2498	339	4.7		
155.	165	14.2.18	A	45	M	65	170	FT	RD	A+ve	14.9	273	SDP	6	MCS+	70	324	2585	250	3.2		
156.	166	14.2.18	SK	24	M	70	175	FT	RD	O+ve	17	232	SDP	7.1	MCS+	82	370	2890	265	3.4		
157.	167	14.2.18	NS	21	M	70	170	FT	VD	B+ve	13.7	268	SDP	6.5	MCS+	53	286	2162	260	3		
158.	168	14.2.18	K	23	M	72	180	FT	VD	A+ve	13.6	274	SDP	6	MCS+	70	324	2585	250	3.2		
159.	170	15.2.18	MK	19	M	90	165	R	VD	A+ve	13.9	342	SDP	6	MCS+	126	450	3650	300	6		Vascular Injury
160.	171	15.2.18	VS	28	M	80	170	FT	VD	B+ve	15.4	337	SDP	6.4	MCS+	80	352	2790	330	5.1		
161.	172	15.2.18	RK	49	M	74	180	FT	VD	O+ve	12.1	286	SDP	6	MCS+	68	315	2578	270	3		
162.	173	15.2.18	NK	31	M	78	162	FT	RD	O+ve	14.9	333	SDP	6.4	MCS+	82	358	2693	330	4.8		
163.	174	16.2.18	NS	29	M	70	172	FT	RD	A+ve	16.4	198	SDP	7.1	MCS+	87	367	2964	268	3		
164.	175	16.2.18	MP	42	M	88	170	FT	RD	AB+ve	15.7	243	SDP	6	MCS+	72	350	2870	266	3.2		
165.	176	17.2.18	AB	32	M	90	167	FT	RD	AB+ve	14.3	251	SDP	6	MCS+	72	330	2630	282	3		
166.	177	17.2.18	A	23	M	65	165	FT	VD	A+ve	17.5	246	SDP	6.6	MCS+	74	370	2830	280	3		
167.	178	17.2.18	L	33	M	70	162	FT	RD	O+ve	14.2	363	SDP	6.5	MCS+	75	358	2693	340	4.8		
168.	179	17.2.18	HS	28	M	68	175	FT	VD	B+ve	14.5	274	SDP	6.2	MCS+	70	324	2585	250	3.2		
169.	180	17.2.18	A	26	M	82	170	FT	VD	B+ve	15.6	310	SDP	6	MCS+	82	367	2840	220	4.1		
170.	181	18.2.18	JS	27	M	74	173	FT	RD	O+ve	14.8	199	SDP	6	MCS+	90	369	2966	270	3		
171.	182	18.2.18	RK	43	M	70	165	FT	VD	O+ve	15.1	254	SDP	6.8	MCS+	80	377	2856	270	4		
172.	183	19.2.18	MC	31	M	65	165	R	VD	B+ve	13.5	204	SDP	6.8	MCS+	90	369	2966	270	3		
173.	184	19.2.18	AS	27	M	68	167	FT	RD	O+ve	14.4	222	SDP	6	MCS+	73	336	2665	290	3		
174.	185	19.2.18	A	27	M	75	165	FT	VD	O+ve	14.2	249	SDP	6	MCS+	74	370	2830	280	3		
175.	186	19.2.18	MK	38	M	60	163	R	RD	B+ve	13.8	299	SDP	6	MCS+	74	356	2673	240	3.6	Discarded	
176.	187	19.2.18	A	24	M	70	167	FT	RD	O+ve	15.4	234	SDP	6	MCS+	82	370	2890	265	3.4		
177.	188	19.2.18	SS	40	M	77	167	R	RD	A+ve	14.7	325	SDP	7.3	MCS+	80	350	2710	290	4.8	Two Bags	
178.	189	19.2.18	RK	31	M	84	168	R	VD	B+ve	15.5	235	SDP	6	MCS+	82	370	2890	265	3.4		
179.	191	20.2.18	NS	42	M	71	166	FT	VD	A+ve	13.6	290	SDP	6	MCS+	69	334	2540	220	3.2		
180.	192	21.2.18	G	21	M	70	170	FT	VD	A+ve	14.3	223	SDP	6	MCS+	73	354	2876	240	3.1		
181.	193	21.2.18	P	31	M	78	177	R	VD	B-ve	16.1	250	SDP	7.6	MCS+	72	330	2630	282	3		
182.	194	21.2.18	GS	28	M	70	170	FT	VD	A+ve	12.6	200	SDP	6	MCS+	90	369	2966	270	3		
183.	195	21.2.18	PB	52	M	90	170	R	VD	A+ve	15.3	293	SDP	6	MCS+	69	334	2540	220	3.2		
184.	196	21.2.18	GS	23	M	76	167	R	RD	B+ve	15.4	271	SDP	6	MCS+	78	380	2880	250	3.7		Citrate Toxicity
185.	197	21.2.18	NC	31	M	80	170	R	VD	A+ve	13.3	239	SDP	6	MCS+	82	370	2890	265	3.4		
186.	198	22.2.18	A	35	M	72	168	FT	RD	A+ve	16.8	241	SDP	6	MCS+	82	370	2890	265	3.4		
187.	199	22.2.18	RS	40	M	65	170	FT	RD	A+ve	16.4	483	SDP	6	MCS+	76	320	2750	278	5.8		
188.	201	23.2.18	GS	28	M	75	172	FT	VD	O+ve	14.6	290	SDP	6	MCS+	77	360	2840	270	4		
189.	202	23.2.18	MS	20	M	74	182	FT	RD	A+ve	14	265	SDP	6	MCS+	53	286	2162	260	3		
190.	203	23.2.18	NS	29	M	84	158	FT	RD	B+ve	14.3	215	SDP	6	MCS+	70	336	2665	260	3		
191.	204	23.2.18	R	30	M	76	165	FT	VD	B+ve	14	205	SDP	6	MCS+	90	369	2966	270	3		
192.	205	24.2.18	BS	28	M	62	170	FT	VD	A+ve	14.9	223	SDP	6	MCS+	73	354	2876	240	3.1		
193.	206	24.2.18	TV	28	M	62	165	FT	VD	O+ve	15	318	SDP	6	MCS+	72	287	2250	215	3.2		
194.	207	24.2.18	P	26	M	72	168	FT	RD	B+ve	13.1	286	SDP	6	MCS+	68	315	2578	270	3		
195.	208	24.2.18	KS	57	M	80	168	R	VD	B+ve	12.9	221	SDP	6	MCS+	73	336	2665	290	3		
196.	209	25.2.18	Vikas	31	M	70	167	R	VD	B+ve	15.2	220	SDP	6	MCS+	73	336	2665	290	3		
197.	210	26.2.18	JS	35	M	75	175	FT	VD	A+ve	14.5	231	SDP	7.3	MCS+	82	370	2890	265	3.4		
198.	211	26.2.18	G	30	M	85	170	FT	RD	B+ve	15.5	343	SDP	6	MCS+	74	321	2487	240	3.6		
199.	212	26.2.18	PS	27	M	65	170	FT	VD	B+ve	16.7	367	SDP	6	MCS+	123	480	3541	340	6		
200.	213	26.2.18	BS	22	M	77	170	FT	VD	A+ve	15.5	223	SDP	6	MCS+	73	354	2876	240	3.1		
201.	214	27.2.18	S	35	M	88	170	R	RD	A+ve	16.7	275	SDP	7.6	MCS+	82	370	2990	270	3.8		Citrate Toxicity
202.	215	27.2.18	SS	35	M	60	170	FT	VD	B+ve	15.6	269	SDP	7.3	MCS+	73	315	2729	265	3.5		
203.	216	27.2.18	AN	37	M	78	164	R	RD	B+ve	13.7	290	SDP	7.4	MCS+	77	360	2840	270	4		
204.	217	27.2.18	GS	28	M	68	180	R	RD	B+ve	13.9	262	SDP	6.5	MCS+	93	324	2765	271	3.5	Discarded	
205.	218	28.2.18	NS	31	M	90	170	FT	VD	O+ve	15.5	230	SDP	6	MCS+	82	370	2890	265	3.4		
206.	219	28.2.18	AS	30	M	78	175	FT	RD	AB+ve	15.3	280	SDP	6	MCS+	68	315	2578	270	3		
207.	220	1.3.18	KK	29	M	70	172	FT	VD	B+ve	12.7	239	SDP	6.4	MCS+	82	370	2890	265	3.4		
208.	221	1.3.18	JS	21	M	62	170	FT	VD	A+ve	13.9	284	SDP	6.4	MCS+	68	315	2578	270	3		
209.	222	1.3.18	R	21	M	80	175	FT	RD	B+ve	15.4	373	SDP	6.2	MCS+	72	363	2778	373	4.9		
210.	223	1.3.18	DK	29	M	65	165	FT	VD	O+ve	15.3	203	SDP	6	MCS+	90	369	2966	270	3		
211.	224	1.3.18	DV	35	M	84	165	FT	RD	B+ve	13.5	242	SDP	6	MCS+	80	377	2856	273	4.1		
212.	225	1.3.18	A	28	M	70	175	FT	VD	AB+ve	15	256	SDP	6	MCS+	73	329	2710	258	3.5		
213.	226	1.3.18	AN	31	M	85	170	FT	VD	AB+ve	14.8	411	SDP	6	MCS+	59	379	2498	339	4.7		
214.	227	2.3.18	AG	21	M	68	170	FT	RD	B+ve	15.4	423	SDP	7.1	MCS+	65	321	2487	280	4.5		
215.	228	2.3.18	P	25	M	75	177	FT	RD	O+ve	14.6	255	SDP	6.5	MCS+	73	329	2710	258	3.5		
216.	229	2.3.18	MT	19	M	63	176	R	VD	AB+ve	14.1	200	SDP	6	MCS+	90	369	2966	270	3		Vasovagal
217.	230	3.3.18	K	30	M	84	170	FT	RD	B+ve	13.4	266	SDP	6	MCS+	53	286	2162	260	3		
218.	231	3.3.18	S	28	M	83	170	FT	VD	A+ve	14.5	321	SDP	6.4	MCS+	72	287	2250	215	3.2		
219.	232	3.3.18	JS	28	M	62	172	FT	VD	B-ve	14.6	234	SDP	6	MCS+	82	370	2890	265	3.4		
220.	233	3.3.18	P	49	M	73	167	R	RD	O+ve	14.6	187	SDP	6.4	TRIMA	61	283	2870	214	3		Kit Extra Technique Related
221.	234	3.3.18	AS	23	M	60	165	FT	VD	B+ve	13.1	291	SDP	6.5	MCS+	77	360	2840	270	4		
222.	235	4.3.18	SS	37	M	85	170	R	RD	O+ve	14.9	230	SDP	6	MCS+	82	370	2890	265	3.4		
223.	236	4.3.18	SK	24	M	76	180	FT	RD	B+ve	14.8	293	SDP	6	MCS+	69	334	2540	220	3.2		
224.	237	4.3.18	NM	25	M	80	170	FT	RD	B-ve	14.1	442	SDP	6.4	MCS+	76	320	2750	278	5.8		
225.	238	4.3.18	S	34	M	78	170	FT	RD	B+ve	12.7	226	SDP	6	MCS+	81	366	2887	263	3.4		
226.	239	5.3.18	M	26	M	70	165	FT	RD	B+ve	16.1	198	SDP	6.4	MCS+	87	367	2964	268	3		
227.	240	5.3.18	RK	54	M	88	165	R	VD	O+ve	15.1	267	SDP	7.1	MCS+	53	286	2162	260	3		
228.	241	5.3.18	AS	50	M	95	170	FT	RD	O+ve	13.7	204	SDP	6	MCS+	90	369	2966	270	3		

Sr. No.	DP. No.	Date	Donor's Name & Address	Age	Sex	Weight (Kg)	Height (Cms)	First Time Donor/ Repeat Donor	Voluntary Donor/ Replacement Donor	Blood Group	Hb (g/dl)	Platelet Count (nX109/L)	Type of Procedure SDP/ Plasma Pheresis	TSP (g/dl)	Equipment TRIMA/ MCS+	Duration in min	Volume of Anticoa gulant Used (ml)	Whole Blood Used (ml)	Volume (ml)	PLT YIELD (X1011/µl)	Discard	Adverse Event
229.	242	5.3.18	S	26	M	75	165	FT	VD	B+ve	15	315	SDP	6	MCS+	65	310	2440	273	3.5		
230.	243	5.3.18	Y	28	M	71	175	FT	VD	AB+ve	15.1	234	Plasma Pheresis	6.6	MCS+	53	180	2000	500	-		
231.	244	5.3.18	D	41	M	80	170	FT	RD	A+ve	14.1	336	SDP	6.5	MCS+	80	352	2790	330	5.1		
232.	245	6.3.18	R	22	M	73	170	FT	VD	A+ve	15.1	391	SDP	6.2	MCS+	115	480	3456	373	7		
233.	246	6.3.18	MP	40	M	70	177	FT	RD	O+ve	13.9	259	SDP	6	MCS+	93	324	2765	271	3.5		
234.	247	7.3.18	PK	32	M	92	170	FT	RD	O+ve	14.9	238	SDP	6	MCS+	82	370	2890	265	3.4		
235.	248	7.3.18	NK	21	M	62	170	FT	RD	B+ve	14.3	283	SDP	6.8	MCS+	68	315	2578	270	3		
236.	249	7.3.18	G	22	M	75	164	FT	VD	B+ve	15	217	SDP	6.8	MCS+	70	336	2665	260	3		
237.	250	7.3.18	AS	30	M	67	180	FT	VD	O+ve	13.8	267	SDP	6	MCS+	53	286	2162	260	3		
238.	251	8.3.18	GS	26	M	85	170	FT	VD	B+ve	13.6	229	SDP	6	MCS+	81	366	2887	263	3.4		
239.	252	8.3.18	BS	26	M	68	175	FT	VD	AB+ve	14.2	271	SDP	6	MCS+	78	380	2880	250	3.7		
240.	253	8.3.18	D	29	M	60	172	FT	RD	O+ve	13.9	239	SDP	6	MCS+	82	370	2890	265	3.4		
241.	254	9.3.18	H	28	M	85	170	R	RD	O+ve	15.4	192	SDP	7.3	MCS+	102	418	3363	315	3	Discarded	
242.	255	9.3.18	G	25	M	60	175	FT	RD	AB+ve	16	208	SDP	6	MCS+	90	369	2966	270	3		
243.	256	9.3.18	S	22	M	78	167	FT	VD	O+ve	16.2	294	SDP	6	MCS+	80	360	2840	260	4.2		
244.	257	9.3.18	HS	22	M	68	168	FT	VD	B+ve	15.7	356	SDP	6	MCS+	74	321	2487	240	3.6		
245.	258	9.3.18	L	27	M	78	172	FT	RD	B+ve	16.5	206	SDP	7.6	MCS+	90	369	2966	270	3		
246.	259	9.3.18	VS	18	M	80	175	FT	VD	B+ve	15.1	241	SDP	6	MCS+	82	370	2890	265	3.4		
247.	260	9.3.18	D	37	M	80	180	FT	RD	O+ve	12.8	252	SDP	6	MCS+	80	377	2856	270	4		
248.	261	9.3.18	S	26	M	78	170	FT	VD	AB+ve	13	269	SDP	6	MCS+	73	315	2729	265	3.5		
249.	262	10.3.18	B	19	M	85	164	FT	VD	AB+ve	14.1	251	SDP	6	MCS+	72	330	2630	282	3		
250.	263	10.3.18	PM	31	M	72	180	FT	VD	B+ve	15.9	362	SDP	6	MCS+	75	358	2693	340	4.8		
251.	264	10.3.18	MK	24	M	90	170	R	RD	A-ve	16.4	244	SDP	7.6	MCS+	74	370	2830	280	3		
252.	265	10.3.18	M	24	M	60	175	R	RD	A-ve	14.9	218	SDP	7.3	MCS+	70	336	2665	260	3	Discarded	
253.	266	11.3.18	S	23	M	72	172	FT	VD	AB+ve	15.4	331	SDP	7.4	MCS+	80	352	2790	330	5.1		
254.	267	11.3.18	K	31	M	62	170	FT	VD	AB+ve	15.9	249	SDP	6.5	MCS+	74	370	2830	280	3		
255.	268	11.3.18	GS	26	M	88	175	FT	VD	A-ve	15.4	346	SDP	6	MCS+	74	321	2487	240	3.6		
256.	269	12.3.18	RY	31	M	65	167	FT	RD	O+ve	13.3	228	SDP	6	MCS+	81	366	2887	263	3.4		
257.	270	13.3.18	MS	26	M	75	168	FT	VD	AB+ve	16.2	232	SDP	6.4	MCS+	82	370	2890	265	3.4		
258.	271	14.1.18	H	22	M	80	172	FT	VD	AB+ve	15.5	193	SDP	6.4	MCS+	102	418	3363	315	3		
259.	272	14.1.18	H	22	M	65	175	R	RD	B+ve	14.4	345	SDP	6.2	MCS+	74	321	2487	240	3.6	Discarded	
260.	273	14.1.18	LS	27	M	70	180	FT	RD	B+ve	15.3	204	SDP	6	MCS+	90	369	2966	270	3		
261.	274	15.3.18	P	23	M	62	154	FT	VD	AB+ve	11.9	203	SDP	6	MCS+	90	369	2966	270	3		
262.	275	15.3.18	JS	31	M	79	170	R	RD	AB+ve	14.8	252	SDP	6	MCS+	80	377	2856	270	4	Discarded	
263.	276	16.3.18	RS	25	M	83	172	FT	RD	O+ve	14.7	221	SDP	6	MCS+	73	336	2665	290	3		
264.	277	16.3.18	M	22	M	80	170	FT	VD	B+ve	14.1	380	SDP	7.1	MCS+	75	341	2664	250	5.1		
265.	278	17.3.18	BK	30	M	70	170	FT	VD	B+ve	14.8	259	SDP	6.5	MCS+	93	324	2765	271	3.5		
266.	279	17.3.18	KS	29	M	70	180	FT	RD	B+ve	15.3	236	SDP	6	MCS+	82	370	2890	265	3.4		
267.	280	18.3.18	AS	26	M	63	167	FT	VD	AB+ve	15	237	SDP	6	MCS+	82	370	2890	265	3.4		
268.	281	18.3.18	AJ	43	M	92	180	R	VD	B+ve	14.9	262	SDP	6.4	MCS+	93	324	2765	271	3.5		
269.	282	18.3.18	N	24	M	82	169	FT	RD	A-ve	15.3	268	SDP	6	MCS+	53	286	2162	260	3		
270.	283	18.3.18	S	34	M	90	176	FT	RD	B+ve	14.1	202	SDP	6.4	MCS+	90	369	2966	270	3		
271.	284	18.3.18	A	29	M	77	180	FT	RD	O-ve	15.2	218	SDP	7.1	MCS+	70	336	2665	260	3		
272.	285	19.3.18	A	19	M	78	180	R	VD	O+ve	14.1	216	SDP	6	MCS+	70	336	2665	260	3	Discarded	
273.	286	20.3.18	MS	31	M	75	167	FT	RD	AB+ve	14.9	191	SDP	6	MCS+	102	418	3363	315	3		
274.	287	20.3.18	CN	20	M	60	168	FT	VD	B+ve	15.9	275	SDP	6.6	MCS+	82	370	2990	270	3.8		
275.	289	20.3.18	VS	27	M	60	172	R	RD	O+ve	14.1	296	SDP	6.5	MCS+	80	360	2840	260	4.2		Citrate Toxicity
276.	290	20.3.18	DS	28	M	70	175	FT	VD	B+ve	16	198	SDP	6.2	MCS+	87	367	2964	268	3		
277.	291	20.3.18	IK	38	M	97	180	FT	VD	B+ve	14.6	257	SDP	6	MCS+	93	324	2765	271	3.5		
278.	292	20.3.18	GK	38	M	60	154	FT	VD	O+ve	13.2	240	SDP	6	MCS+	82	370	2890	265	3.4		
279.	294	21.3.18	RK	44	M	67	170	R	RD	B+ve	14.3	243	SDP	6.8	MCS+	72	350	2870	266	3.2		
280.	295	21.3.18	SK	26	M	62	172	R	RD	B+ve	14.6	220	SDP	6.8	MCS+	73	336	2665	290	3		Citrate Toxicity
281.	296	21.3.18	MS	32	M	80	170	FT	VD	O+ve	14.1	261	SDP	6	MCS+	93	324	2765	271	3.5		
282.	297	21.3.18	JS	48	M	79	170	FT	RD	O+ve	14.1	192	SDP	6	MCS+	102	418	3363	315	3		
283.	298	22.3.18	RP	52	M	80	180	R	VD	B+ve	15.1	287	SDP	6	MCS+	68	315	2578	270	3		
284.	299	22.3.18	SS	22	M	68	167	FT	VD	B+ve	16.6	203	SDP	6	MCS+	90	369	2966	270	3		
285.	300	22.3.18	AS	22	M	88	180	FT	VD	B+ve	16.4	206	SDP	7.3	MCS+	90	369	2966	270	3		
286.	301	22.3.18	SG	47	M	66	169	R	RD	B+ve	16.4	241	SDP	6	MCS+	82	370	2890	265	3.4		
287.	302	22.3.18	DC	25	M	60	176	FT	VD	O+ve	14.3	225	SDP	6	MCS+	73	354	2876	240	3.1		
288.	303	22.3.18	A	22	M	74	180	FT	RD	A+ve	13.3	302	SDP	6	MCS+	74	356	2673	240	3.6		
289.	304	23.3.18	M	22	M	85	165	FT	RD	A+ve	12.4	305	SDP	7.6	MCS+	74	356	2673	240	3.6		
290.	305	23.3.18	V	24	M	75	165	FT	RD	O+ve	15.6	276	SDP	6	MCS+	82	370	2990	270	3.8		
291.	306	23.3.18	SC	39	M	76	170	FT	RD	B+ve	14.4	266	SDP	6	MCS+	53	286	2162	260	3		
292.	307	23.3.18	D	21	M	75	165	FT	RD	O+ve	15.8	263	SDP	6	MCS+	93	324	2765	271	3.5		
293.	308	24.3.18	A	20	M	63	175	FT	VD	A+ve	15.1	364	SDP	6.4	MCS+	75	358	2693	340	4.8		
294.	309	25.3.18	P	33	M	84	170	FT	RD	B+ve	16.4	215	SDP	6	MCS+	70	336	2665	260	3		
295.	310	25.3.18	V	42	M	60	170	FT	VD	A+ve	14.1	257	SDP	6.4	MCS+	93	324	2765	271	3.5		
296.	311	25.3.18	RS	22	M	85	177	R	RD	B-ve	16	274	SDP	7.1	MCS+	70	324	2585	250	3.2	Discarded	
297.	312	25.3.18	AK	26	M	80	170	FT	VD	B+ve	15.9	210	Plasma Pheresis	6	MCS+	60	200	2100	500	-		
298.	313	25.3.18	AK	34	M	79	170	FT	RD	O+ve	13.2	251	SDP	6	MCS+	72	330	2630	282	3		
299.	314	25.3.18	M	25	M	60	164	FT	VD	B+ve	15.4	268	SDP	6.6	MCS+	53	286	2162	260	3		
300.	315	26.3.18	SK	31	M	85	180	FT	RD	B+ve	14.1	190	SDP	6.5	MCS+	102	418	3363	315	3.1		
301.	316	26.3.18	GJ	23	M	74	170	FT	VD	AB+ve	15.7	213	SDP	6.2	MCS+	90	369	2966	270	3		
302.	317	26.3.18	DS	18	M	96	175	FT	VD	A-ve	15.6	420	SDP	6	MCS+	123	480	3541	340	6		Citrate Toxicity
303.	318	26.3.18	RS	30	M	78	172	FT	VD	AB+ve	16.1	323	SDP	6	MCS+	80	350	2710	290	4.8		
304.	319	27.3.18	A	36	M	76	170	FT	RD	AB+ve	17.3	199	SDP	6.8	MCS+	90	369	2966	270	3		
305.	320	27.3.18	VK	39	M	70	175	R	VD	A+ve	14.4	200	SDP	6.8	MCS+	90	369	2966	270	3		

Sr. No.	DP. No.	Date	Donor's Name & Address	Age	Sex	Weight (Kg)	Height (Cms)	First Time Donor/ Repeat Donor	Voluntary Donor/ Replacement Donor	Blood Group	Hb (g/dl)	Platelet Count (nX109/L)	Type of Procedure SDP/ Plasma Pheresis	TSP (g/dl)	Equipment TRIMA/ MCS+	Duration in min	Volume of Anticoa gulant Used (ml)	Whole Blood Used (ml)	Volume (ml)	PLT YIELD (X1011/µl)	Discard	Adverse Event
306.	321	27.3.18	B	35	M	60	167	FT	RD	O+ve	14.9	315	SDP	6	MCS+	65	310	2440	273	3.5		
307.	322	27.3.18	N	24	M	65	170	FT	RD	O+ve	16.1	261	SDP	6	MCS+	93	324	2765	271	3.5		
308.	323	27.3.18	N	23	M	75	170	FT	RD	AB+ve	17.8	275	SDP	6	MCS+	82	370	2990	270	3.8		Citrate Toxicity
309.	324	27.3.18	V	32	M	63	175	FT	VD	B+ve	14.8	430	SDP	6	MCS+	65	321	2487	280	4.5		
310.	325	27.3.18	DK	30	M	78	170	FT	RD	B+ve	14.8	352	SDP	7.3	MCS+	74	321	2487	240	3.6		Vascular Injury
311.	326	28.3.18	RD	43	M	63	180	R	VD	B+ve	14	227	SDP	6	MCS+	81	366	2887	263	3.4		
312.	327	28.3.18	MM	58	M	60	165	R	VD	B+ve	16.1	329	SDP	6	MCS+	64	360	2464	270	3.8		
313.	328	28.3.18	VS	25	M	90	170	FT	VD	A+ve	14	312	SDP	6	MCS+	72	287	2250	215	3.2		
314.	329	29.3.18	R	27	M	77	180	FT	RD	A+ve	13.9	268	SDP	7.6	MCS+	53	286	2162	260	3		
315.	330	29.3.18	RK	43	M	70	162	R	VD	O+ve	14.3	204	SDP	7.3	MCS+	90	369	2966	270	3		
316.	331	29.3.18	HA	32	M	66	172	R	RD	A+ve	15.9	360	SDP	7.4	MCS+	74	321	2487	240	3.6	Discarded	
317.	332	29.3.18	S	26	M	65	170	FT	VD	B+ve	15.1	236	SDP	6.5	MCS+	82	370	2890	265	3.4		
318.	333	29.3.18	HS	22	M	97	167	FT	RD	B+ve	16.1	308	SDP	6	MCS+	70	311	2434	275	3.6		
319.	334	29.3.18	SL	30	M	90	165	FT	RD	B+ve	15.2	218	SDP	6	MCS+	70	336	2665	260	3		
320.	335	29.3.18	JS	30	M	70	162	FT	VD	O+ve	14.5	210	SDP	6.4	MCS+	90	369	2966	270	3		
321.	336	29.3.18	SG	25	M	80	175	FT	VD	B+ve	15.5	388	SDP	6.4	MCS+	75	341	2664	250	5.1		
322.	337	30.3.18	HM	20	M	75	170	FT	VD	B+ve	14	262	SDP	6.2	MCS+	93	324	2765	271	3.5		
323.	338	30.3.18	N	38	M	94	173	FT	RD	A+ve	14.7	265	SDP	6	MCS+	53	286	2162	260	3		
324.	339	30.3.18	AS	32	M	75	165	FT	VD	AB+ve	14.1	238	SDP	6	MCS+	82	370	2890	265	3.4		
325.	340	31.3.18	JS	27	M	88	165	FT	RD	B+ve	15.3	323	SDP	6	MCS+	80	350	2710	290	4.8		
326.	341	31.3.18	GS	28	M	70	167	FT	VD	O+ve	15.4	199	SDP	6	MCS+	90	369	2966	270	3		
327.	342	31.3.18	P	43	M	80	165	R	RD	B+ve	15	264	SDP	7.1	MCS+	73	330	2678	250	3.4		
328.	343	31.3.18	HS	28	M	72	163	FT	RD	B+ve	15.6	225	SDP	6.5	MCS+	73	354	2876	240	3.1		
329.	344	1.4.18	N	20	M	60	167	R	VD	O+ve	15.7	336	SDP	6	MCS+	80	352	2790	330	5.1	Half Discarded	
330.	345	1.4.18	RK	45	M	78	167	R	RD	O+ve	15.4	201	SDP	6	MCS+	90	369	2966	270	3	Discarded	
331.	346	1.4.18	KS	25	M	80	168	FT	VD	O+ve	15.2	234	SDP	6.4	MCS+	82	370	2890	265	3.4		
332.	347	1.4.18	Y	31	M	71	166	FT	RD	A+ve	14.4	358	SDP	6	MCS+	74	321	2487	240	3.6		
333.	348	1.4.18	MS	27	M	83	170	FT	VD	O-ve	13	285	SDP	6.4	MCS+	68	315	2578	270	3		
334.	349	1.4.18	Y	45	M	88	177	FT	RD	B+ve	14.3	269	SDP	7.1	MCS+	73	315	2729	265	3.5		
335.	350	2.4.18	GSB	42	M	65	170	FT	RD	AB+ve	15.7	262	SDP	6	MCS+	93	324	2765	271	3.5		
336.	351	2.4.18	A	34	M	66	170	R	RD	A+ve	14.1	301	SDP	6	MCS+	74	356	2673	240	3.6		
337.	352	2.4.18	SK	43	M	80	167	FT	RD	B+ve	14.2	298	SDP	6.6	MCS+	74	356	2673	240	3.6		
338.	353	2.4.18	RK	38	M	74	170	FT	RD	O+ve	14.4	260	SDP	6.5	MCS+	93	324	2765	271	3.5		
339.	354	2.4.18	M	24	M	96	168	FT	VD	B+ve	13.2	261	SDP	6.2	MCS+	93	324	2765	271	3.5		
340.	355	2.4.18	R	37	M	76	170	R	RD	B+ve	13.1	312	SDP	6	MCS+	72	287	2250	215	3.2		
341.	356	2.4.18	RA	36	M	63	172	FT	RD	B+ve	17.1	276	SDP	6	MCS+	82	370	2990	270	3.8		
342.	357	3.4.18	A	32	M	98	182	FT	VD	B+ve	15	211	SDP	6.8	MCS+	90	369	2966	270	3		
343.	358	3.4.18	KS	25	M	60	158	FT	VD	B+ve	13.1	293	SDP	6.8	MCS+	69	334	2540	220	3.2		
344.	359	3.4.18	PS	40	M	63	165	FT	RD	AB+ve	15.3	249	SDP	6	MCS+	74	370	2830	280	3		
345.	360	3.4.18	KG	30	M	69	170	FT	VD	B+ve	15	220	SDP	6	MCS+	73	336	2665	290	3		
346.	362	4.4.18	G	35	M	60	165	FT	RD	B+ve	14.9	237	SDP	6	MCS+	82	370	2890	265	3.4		
347.	363	4.4.18	SS	42	M	78	168	R	RD	O-ve	13.2	274	SDP	6	MCS+	70	324	2585	250	3.2		
348.	364	4.4.18	S	21	M	82	168	FT	VD	B+ve	14	193	SDP	7.3	MCS+	102	418	3363	315	3		Vasovagal
349.	365	5.4.18	H	29	M	63	167	FT	RD	O+ve	15.8	244	SDP	6	MCS+	74	370	2830	280	3		
350.	367	5.4.18	AK	31	M	70	175	FT	RD	O+ve	15.9	310	SDP	6	MCS+	82	367	2840	220	4.1		
351.	368	6.4.18	KC	37	M	60	170	FT	RD	B+ve	14.5	280	SDP	6	MCS+	68	315	2578	270	3		
352.	369	6.4.18	GS	47	M	72	170	R	VD	O-ve	14	243	SDP	7.6	MCS+	72	350	2870	266	3.2		
353.	370	6.4.18	AS	36	M	60	170	R	RD	B+ve	14.6	217	SDP	6	MCS+	70	336	2665	260	3		
354.	371	6.4.18	G	26	M	70	170	FT	RD	A+ve	16.1	368	SDP	6	MCS+	123	480	3541	340	6		
355.	372	6.4.18	JS	26	M	74	170	FT	RD	O+ve	12	281	SDP	6	MCS+	68	315	2578	270	3		
356.	373	6.4.18	GK	20	M	88	164	FT	VD	O+ve	15.3	245	SDP	6	MCS+	74	370	2830	280	3		
357.	374	7.4.18	RJ	48	M	62	180	FT	VD	B+ve	13.9	491	SDP	6	MCS+	76	320	2750	278	5.8		
358.	375	7.4.18	C	22	M	68	170	FT	RD	O+ve	14.2	283	SDP	6	MCS+	68	315	2578	270	3		
359.	377	7.4.18	A	25	M	90	175	FT	VD	O+ve	15.6	322	SDP	6	MCS+	80	350	2710	290	4.8		
360.	378	7.4.18	VS	29	M	82	172	FT	RD	AB+ve	15.7	241	SDP	6	MCS+	82	370	2890	265	3.4		
361.	379	7.4.18	RS	34	M	74	170	FT	RD	A+ve	13.8	254	SDP	6	MCS+	80	377	2856	270	4		
362.	380	8.4.18	RS	23	M	65	175	R	VD	AB+ve	14.5	269	SDP	6	MCS+	73	315	2729	265	3.5		
363.	381	8.4.18	RS	25	M	78	165	R	VD	O+ve	15.6	255	SDP	6	MCS+	73	329	2710	258	3.5		
364.	382	8.4.18	R	37	M	63	165	R	RD	B+ve	14.2	190	SDP	6	MCS+	102	418	3363	315	3		Citrate Toxicity
365.	383	8.4.18	M	26	M	90	175	FT	VD	B+ve	16.1	268	SDP	6	MCS+	53	286	2162	260	3		
366.	384	8.4.18	LP	22	M	75	170	R	RD	O+ve	13.2	317	SDP	6	MCS+	65	310	2440	273	3.5	Discarded	
367.	385	8.4.18	V	25	M	78	175	R	VD	O+ve	16.1	237	SDP	6	MCS+	82	370	2890	265	3.4		
368.	386	9.4.18	SIS	28	M	84	172	FT	RD	A+ve	15.1	401	SDP	7.3	MCS+	67	280	2445	330	5.6		
369.	387	9.4.18	YG	47	M	80	170	R	RD	B+ve	16.1	282	SDP	6	MCS+	68	315	2578	270	3	Discarded	
370.	388	9.4.18	HS	25	M	80	175	FT	VD	A+ve	15.1	194	SDP	6	MCS+	102	418	3363	315	3		
371.	389	9.4.18	N	24	M	80	167	FT	VD	A+ve	13.8	199	SDP	6	MCS+	90	369	2966	270	3		
372.	390	9.4.18	KS	27	M	97	168	FT	VD	O+ve	14.8	232	SDP	7.6	MCS+	82	370	2890	265	3.4		
373.	391	10.4.18	RS	21	M	98	172	FT	RD	AB+ve	15.6	308	SDP	7.3	MCS+	70	311	2434	275	3.6		
374.	392	10.4.18	J	30	M	66	175	FT	VD	A+ve	15.5	259	SDP	7.4	MCS+	93	324	2765	271	3.5		
375.	393	10.4.18	WS	22	M	69	180	FT	RD	O-ve	16.1	258	SDP	6.5	MCS+	93	324	2765	271	3.5		
376.	394	10.4.18	GS	23	M	65	154	FT	VD	B+ve	14.8	241	SDP	6	MCS+	82	370	2890	265	3.4		
377.	395	12.4.18	MS	38	M	83	170	FT	RD	B+ve	14.5	224	SDP	6	MCS+	73	354	2876	240	3.1		
378.	396	12.4.18	G	28	M	68	172	FT	VD	AB+ve	14.8	287	SDP	6.4	MCS+	68	315	2578	270	3		
379.	397	12.4.18	AK	30	M	74	170	FT	VD	B+ve	14.3	403	SDP	6.4	MCS+	59	379	2498	339	4.7		
380.	398	12.4.18	TG	35	M	62	170	FT	RD	A-ve	15.1	285	SDP	6.2	MCS+	68	315	2578	270	3		
381.	399	12.4.18	A	31	M	75	180	R	RD	B+ve	15.4	297	SDP	6	MCS+	74	356	2673	240	3.6	Discarded	
382.	400	12.4.18	GC	27	M	85	167	FT	VD	AB+ve	14.8	223	SDP	6	MCS+	73	354	2876	240	3.1		
383.	401	12.4.18	GS	44	M	84	180	FT	RD	O+ve	13.4	265	SDP	6	MCS+	53	286	2162	260	3		

Sr. No.	DP. No.	Date	Donor's Name & Address	Age	Sex	Weight (Kg)	Height (Cms)	First Time Donor/ Repeat Donor	Voluntary Donor/ Replacement Donor	Blood Group	Hb (g/dl)	Platelet Count (nX109/L)	Type of Procedure SDP/ Plasma Pheresis	TSP (g/dl)	Equipment TRIMA/ MCS+	Duration in min	Volume of Anticoa gulant Used (ml)	Whole Blood Used (ml)	Volume (ml)	PLT YIELD (X1011/µl)	Discard	Adverse Event
384.	402	12.4.18	A	25	M	73	169	FT	RD	A+ve	14.3	320	SDP	6	MCS+	72	287	2250	215	3.2		
385.	403	12.4.18	VJS	22	M	76	176	FT	RD	B+ve	15.2	313	SDP	7.1	MCS+	65	310	2440	273	3.5		
386.	404	12.4.18	GS	22	M	61	180	FT	VD	B+ve	15.9	279	SDP	6.5	MCS+	68	315	2578	270	3		
387.	405	13.4.18	MS	37	M	95	180	FT	RD	A+ve	15.9	340	SDP	6	MCS+	73	314	2428	230	3.4		
388.	406	13.4.18	SS	24	M	87	167	FT	VD	B+ve	16.6	230	SDP	6	MCS+	82	370	2890	265	3.4		
389.	407	13.4.18	JS	30	M	82	168	FT	VD	B+ve	13.5	264	SDP	6.4	MCS+	73	330	2678	250	3.4		
390.	408	13.4.18	S	27	M	83	172	FT	VD	O-ve	13	304	SDP	6	MCS+	74	356	2673	240	3.6		
391.	409	13.4.18	GS	32	M	72	175	FT	VD	AB+ve	15.4	244	SDP	6.4	MCS+	74	370	2830	280	3		
392.	410	14.4.18	D	45	M	84	180	R	VD	A+ve	14.6	279	SDP	7.1	MCS+	68	315	2578	270	3		
393.	411	14.4.18	CP	23	M	83	154	R	RD	B+ve	14.4	270	SDP	6	MCS+	78	380	2880	250	3.7		Citrate Toxicity
394.	412	14.4.18	BA	20	M	62	170	FT	VD	AB+ve	14.2	258	SDP	6	MCS+	93	324	2765	271	3.5		
395.	413	14.4.18	RS	26	M	95	172	FT	VD	O-ve	13.9	246	SDP	6.6	MCS+	74	370	2830	280	3		
396.	414	14.4.18	SS	23	M	80	170	FT	VD	B+ve	14.2	211	SDP	6.5	MCS+	90	369	2966	270	3		
397.	415	14.4.18	PK	21	M	78	170	FT	RD	B+ve	15.8	263	SDP	6.2	MCS+	93	324	2765	271	3.5		
398.	416	15.4.18	JS	35	M	75	180	FT	RD	O+ve	14.6	223	SDP	6	MCS+	73	354	2876	240	3.1		
399.	417	15.4.18	P	31	M	70	167	FT	RD	AB+ve	15.4	424	SDP	6	MCS+	65	321	2487	280	4.5		
400.	418	15.4.18	NS	33	M	65	180	FT	RD	B-ve	14.7	243	SDP	6.8	MCS+	72	350	2870	266	3.2		
401.	419	15.4.18	HS	22	M	62	169	FT	VD	A+ve	14.9	353	SDP	6.8	MCS+	74	321	2487	240	3.6		
402.	420	15.4.18	SS	46	M	75	176	R	RD	B+ve	13.8	209	SDP	6	MCS+	90	369	2966	270	3		Kit Extra Kit Leakage
403.	421	16.4.18	D	25	M	80	180	FT	RD	O+ve	15.8	297	SDP	6	MCS+	74	356	2673	240	3.6		
404.	422	16.4.18	PK	28	M	68	165	FT	VD	O+ve	14.9	247	SDP	6	MCS+	74	370	2830	280	3		
405.	424	16.4.18	IS	29	M	62	165	FT	RD	O+ve	14.2	269	SDP	6	MCS+	73	315	2729	265	3.5		
406.	425	16.4.18	MB	22	M	61	170	FT	VD	B+ve	13.4	343	SDP	7.3	MCS+	74	321	2487	240	3.6		
407.	426	17.4.18	M	32	M	60	165	FT	VD	B+ve	14.4	210	SDP	6	MCS+	90	369	2966	270	3		
408.	427	17.4.18	AS	22	M	70	175	FT	VD	AB+ve	14.1	231	SDP	6	MCS+	82	370	2890	265	3.4		
409.	428	17.4.18	T	41	M	74	170	FT	RD	B+ve	14.8	198	SDP	6	MCS+	87	367	2964	268	3		
410.	429	18.4.18	TS	34	M	61	170	FT	RD	AB+ve	15.7	229	SDP	7.6	MCS+	81	366	2887	263	3.4		
411.	430	18.4.18	MG	44	M	72	177	FT	RD	B+ve	15.9	262	SDP	6	MCS+	93	324	2765	271	3.5		
412.	431	18.4.18	DS	21	M	69	170	FT	VD	B+ve	15.8	318	SDP	6	MCS+	72	287	2250	215	3.2		
413.	432	18.4.18	J	19	M	84	170	FT	VD	B+ve	14.9	279	SDP	6	MCS+	68	315	2578	270	3		
414.	433	18.4.18	R	48	M	68	164	FT	VD	AB+ve	14.2	301	SDP	6	MCS+	74	356	2673	240	3.6		
415.	434	18.4.18	A	38	M	80	180	FT	RD	B+ve	14.4	290	SDP	6	MCS+	77	360	2840	270	4		
416.	435	18.4.18	JA	45	M	68	170	FT	RD	O+ve	15	272	SDP	7.6	MCS+	70	324	2585	250	3.2		
417.	436	19.4.18	SU	31	M	70	175	FT	RD	AB+ve	15.8	342	SDP	7.3	MCS+	126	450	3650	300	6		
418.	437	19.4.18	DK	28	M	80	172	FT	VD	B+ve	15.1	193	SDP	7.4	MCS+	102	418	3363	315	3		
419.	438	19.4.18	YK	31	M	83	170	FT	RD	B+ve	15.7	221	SDP	6.5	MCS+	73	336	2665	290	3		
420.	439	20.4.18	P	22	M	62	175	R	RD	AB+ve	12	207	SDP	6	MCS+	90	369	2966	270	3	Discarded	
421.	440	20.4.18	H	19	M	83	167	FT	VD	B+ve	16.1	234	SDP	6	MCS+	82	370	2890	265	3.4		
422.	441	20.4.18	RK	35	M	84	170	FT	RD	O+ve	14.6	272	SDP	6.4	MCS+	70	324	2585	250	3.2		
423.	443	20.4.18	GJ	25	M	60	170	FT	RD	AB+ve	16.4	249	SDP	6.4	MCS+	74	370	2830	280	3		
424.	444	20.4.18	R	26	M	90	175	FT	VD	AB+ve	14.7	297	SDP	6.2	MCS+	74	356	2673	240	3.6		
425.	445	21.4.18	S	28	M	75	170	FT	VD	O+ve	14.8	200	SDP	6	MCS+	90	369	2966	270	3		
426.	446	21.4.18	MS	54	M	83	180	R	VD	A+ve	15.3	234	SDP	6	MCS+	82	370	2890	265	3.4		
427.	447	21.4.18	M	28	M	72	165	FT	VD	AB+ve	13.8	391	SDP	6	MCS+	115	480	3456	373	7		
428.	448	21.4.18	R	22	M	63	170	FT	VD	A+ve	14.5	386	SDP	6	MCS+	75	341	2664	250	5.1		
429.	449	21.4.18	AS	24	M	60	180	FT	RD	AB+ve	13.2	304	SDP	7.1	MCS+	74	356	2673	240	3.6		
430.	450	21.4.18	SS	25	M	78	162	R	RD	B+ve	15.1	305	SDP	6.5	MCS+	74	356	2673	240	3.6	Discarded	
431.	451	21.4.18	A	24	M	74	172	FT	RD	O+ve	16.5	266	SDP	6	MCS+	53	286	2162	260	3		
432.	452	22.4.18	LS	31	M	90	170	FT	VD	AB+ve	14.3	280	SDP	6	MCS+	68	315	2578	270	3		
433.	453	22.4.18	SD	38	M	80	167	FT	RD	B+ve	14.8	290	SDP	6.4	MCS+	77	360	2840	270	4		
434.	454	22.4.18	MS	28	M	96	165	FT	VD	A+ve	15.2	273	SDP	6	MCS+	70	324	2585	250	3.2		
435.	455	22.4.18	KS	35	M	83	162	FT	VD	B+ve	15.5	270	SDP	6.4	MCS+	78	380	2880	250	3.7		
436.	456	22.4.18	AJ	43	M	70	175	FT	RD	B+ve	14.9	266	SDP	7.1	MCS+	53	286	2162	260	3		
437.	458	24.4.18	Ish	37	M	80	170	FT	VD	B+ve	14.5	263	SDP	6	MCS+	93	324	2765	271	3.5		
438.	459	25.4.18	BS	46	M	68	173	FT	RD	O+ve	14.6	227	Plasma Pheresis	6	MCS+	54	180	2125	500	-		
439.	460	25.4.18	JS	40	M	70	165	FT	RD	O+ve	14.9	206	SDP	6.6	MCS+	90	369	2966	270	3		
440.	461	25.4.18	KS	48	M	84	165	FT	VD	AB+ve	14	215	SDP	6.5	MCS+	70	336	2665	260	3		
441.	462	25.4.18	PK	28	M	62	167	FT	VD	A+ve	13.1	221	SDP	6.2	MCS+	73	336	2665	290	3		
442.	463	26.4.18	BA	20	M	82	165	FT	VD	AB+ve	14.1	212	SDP	6	MCS+	90	369	2966	270	3		
443.	464	26.4.18	AB	22	M	80	163	FT	VD	B+ve	14.2	283	SDP	6	MCS+	68	315	2578	270	3		
444.	465	26.4.18	JS	40	M	80	167	FT	RD	A+ve	14.2	252	SDP	6.8	MCS+	80	377	2856	270	4		
445.	466	26.4.18	G	42	M	82	167	FT	RD	A+ve	13.6	425	SDP	6.8	MCS+	65	321	2487	280	4.5		Vascular Injury
446.	467	27.4.18	GS	30	M	85	168	FT	VD	B+ve	16.1	303	SDP	6	MCS+	74	356	2673	240	3.6		
447.	468	27.4.18	VK	32	M	68	166	FT	RD	AB+ve	13.4	221	SDP	6	MCS+	73	336	2665	290	3		
448.	469	27.4.18	GS	48	M	70	170	R	RD	B+ve	14.8	257	SDP	6	MCS+	93	324	2765	271	3.5		Citrate Toxicity
449.	470	28.4.18	I	21	M	63	177	FT	RD	B+ve	16.2	202	SDP	6	MCS+	86	369	2966	270	3		Citrate Toxicity
450.	471	28.4.18	V	46	M	60	170	FT	VD	B+ve	14.9	195	SDP	7.3	MCS+	87	367	2964	268	3		
451.	472	28.4.18	MS	22	M	75	170	FT	VD	B+ve	15.3	239	SDP	6	MCS+	82	370	2890	265	3.4		
452.	473	29.4.18 30.4.18	J	35	M	90	167	FT	VD	O+ve	16.6	271	SDP	6	MCS+	78	380	2880	250	3.7		
453.	474	30.4.18	A	29	M	84	170	FT	VD	A+ve	15.9	322	SDP	6	MCS+	80	350	2710	290	4.8		
454.	475	30.4.18	IS	24	M	78	168	FT	RD	B+ve	15.6	289	SDP	7.6	MCS+	77	360	2840	270	4		
455.	476	30.4.18	DC	36	M	60	170	FT	VD	O+ve	14.4	366	SDP	6	MCS+	123	480	3541	340	6		
456.	477	30.4.18	HS	40	M	60	172	FT	VD	B+ve	13.8	425	SDP	6	MCS+	65	321	2487	280	4.5		
457.	478	30.4.18	AS	19	M	62	182	FT	VD	A+ve	14.4	234	SDP	6	MCS+	82	370	2890	265	3.4		
458.	479	1.5.18	A	24	M	70	158	FT	RD	B+ve	16	343	SDP	6	TRIMA	39	143	1618	215	3		

Sr. No.	DP. No.	Date	Donor's Name & Address	Age	Sex	Weight (Kg)	Height (Cms)	First Time Donor/ Repeat Donor	Voluntary Donor/ Replacement Donor	Blood Group	Hb (g/dl)	Platelet Count (nX109/L)	Type of Procedure SDP/ Plasma Pheresis	TSP (g/dl)	Equipment TRIMA/ MCS+	Duration in min	Volume of Anticoa gulant Used (ml)	Whole Blood Used (ml)	Volume (ml)	PLT YIELD (X1011/µl)	Discard	Adverse Event
459.	480	1.5.18	GS	24	M	83	165	FT	RD	O+ve	15.3	391	SDP	6	TRIMA	39	143	1618	215	3		
460.	481	1.5.18	AJ	33	M	78	170	R	RD	B+ve	14.8	239	SDP	6	MCS+	82	370	2890	265	3.4		Extra Kit Technique Related
461.	482	2.5.18	P	20	M	70	165	R	VD	O+ve	15.9	351	SDP	6	MCS+	74	321	2487	240	3.6		
462.	483	3.5.18	PK	34	M	72	168	FT	RD	B+ve	14.4	255	SDP	6	TRIMA	43	187	2045	215	3		
463.	484	3.5.18	JS	34	M	78	168	FT	RD	A+ve	12.8	275	SDP	6	MCS+	82	370	2990	270	3.8		
464.	485	3.5.18	AS	48	M	85	167	FT	VD	B+ve	13.6	325	SDP	6	MCS+	80	350	2710	290	4.8		
465.	486	3.5.18	VS	32	M	72	175	FT	RD	B+ve	15.3	260	SDP	6	MCS+	93	324	2765	271	3.5		
466.	487	3.5.18	AS	34	M	76	170	FT	VD	A+ve	14.3	268	SDP	6	TRIMA	59	230	2556	286	4		
467.	488	3.5.18	AS	36	M	62	170	FT	VD	A+ve	14.8	223	SDP	6	MCS+	73	354	2876	240	3.1		
468.	489	4.5.18	R	42	M	60	170	FT	RD	B+ve	14.8	340	SDP	6	TRIMA	58	160	1890	286	4		
469.	490	5.5.18	KS	35	M	60	170	FT	RD	B+ve	13.3	204	SDP	6	TRIMA	55	234	2499	214	3		
470.	491	5.5.18	N	29	M	68	170	R	RD	A+ve	16	260	SDP	7.3	MCS+	93	324	2765	271	3.5		Kit Extra Technique Related
471.	493	6.5.18	R	34	M	84	164	FT	VD	B+ve	15.9	343	SDP	6	MCS+	74	321	2487	240	3.6		
472.	494	6.5.18	M	25	M	80	180	FT	RD	O+ve	12	391	SDP	6	MCS+	115	480	3456	373	7		
473.	495	7.5.18	CS	35	M	68	170	FT	RD	O+ve	16.4	234	SDP	6	MCS+	82	370	2890	265	3.4		
474.	496	8.5.18	RKM	53	M	75	175	R	VD	B+ve	15.6	351	SDP	7.6	MCS+	74	321	2487	240	3.6		
475.	497	9.5.18	A	25	M	60	172	FT	RD	A+ve	16.1	255	SDP	7.3	MCS+	73	329	2710	258	3.5		
476.	498	10.5.18	IM	22	M	80	170	FT	VD	A+ve	14.7	275	SDP	7.4	TRIMA	59	230	2556	286	4		
477.	499	10.5.18	G	19	M	72	175	FT	VD	O+ve	14.5	328	SDP	6.5	MCS+	80	350	2710	290	4.8		
478.	500	10.5.18	I	27	M	65	165	FT	VD	B-ve	15.4	206	SDP	6	MCS+	90	369	2966	270	3		
479.	501	10.5.18	CS	40	M	63	165	FT	VD	B+ve	13.9	268	SDP	6	MCS+	53	286	2162	260	3		
480.	502	10.5.18	AS	26	M	63	175	FT	VD	B+ve	15.9	223	SDP	6.4	MCS+	73	354	2876	240	3.1		
481.	503	10.5.18	HD	22	M	94	170	R	RD	A+ve	15.9	340	SDP	6.4	MCS+	80	352	2790	330	5.1		Vascular Injury
482.	504	10.5.18	SS	28	M	62	170	FT	VD	B-ve	15.5	204	SDP	6.2	MCS+	90	369	2966	270	3		
483.	505	10.5.18	JS	36	M	78	177	FT	VD	A+ve	15.5	260	SDP	6	MCS+	93	324	2765	271	3.5		
484.	506	11.5.18	RJ	27	M	84	176	FT	VD	B+ve	14.7	343	SDP	6	MCS+	74	321	2487	240	3.6		
485.	507	11.5.18	SS	23	M	98	170	FT	VD	B+ve	16	214	SDP	6	TRIMA	51	221	2369	216	3		
486.	508	11.5.18	PS	24	M	84	170	FT	RD	B+ve	14.1	242	SDP	6	MCS+	80	377	2856	273	4.1		
487.	509	11.5.18	AL	34	M	72	172	FT	VD	O+ve	14	202	SDP	7.1	MCS+	90	369	2966	270	3		
488.	510	12.5.18	SC	40	M	62	167	FT	VD	O+ve	14.8	197	SDP	6.5	MCS+	87	367	2964	268	3		
489.	511	12.5.18	GS	40	M	71	165	FT	VD	B+ve	15	289	SDP	6	TRIMA	60	255	2335	308	4		
490.	512	12.5.18	SS	26	M	70	170	FT	VD	A+ve	12.9	397	SDP	6	TRIMA	39	143	1618	215	3		
491.	513	12.5.18	SS	33	M	67	180	FT	RD	A+ve	15.9	226	SDP	6.4	TRIMA	60	208	2272	215	3		
492.	514	12.5.18	KS	35	M	65	170	FT	RD	O+ve	17.7	195	SDP	6	TRIMA	50	228	2477	213	3		
493.	515	12.5.18	CH	19	M	62	170	FT	VD	B+ve	17.1	365	SDP	6.4	TRIMA	39	143	1618	215	3		
494.	516	12.5.18	TO	37	M	78	165	FT	VD	B+ve	15.5	334	SDP	6.5	TRIMA	35	156	1723	214	3		
495.	517	12.5.18	AJ	30	M	68	165	FT	VD	A+ve	14.6	357	SDP	6	TRIMA	39	143	1618	215	3		
496.	518	12.5.18	JK	46	M	72	170	FT	RD	O-ve	15	292	SDP	6	MCS+	69	334	2540	220	3.2		
497.	519	13.5.18	AK	29	M	65	165	FT	VD	B+ve	14.2	238	SDP	6.4	MCS+	82	370	2890	265	3.4		
498.	520	13.5.18	J	34	M	60	175	FT	VD	O+ve	16.7	372	SDP	6	MCS+	72	363	2778	373	4.9		
499.	521	13.5.18	JS	34	M	85	170	FT	VD	B+ve	14.2	295	SDP	6.4	MCS+	80	360	2840	260	4.2		
500.	522	13.5.18	P	34	M	62	170	FT	VD	B+ve	15.8	309	SDP	7.1	MCS+	82	367	2840	220	4.1		
501.	523	13.5.18	NJ	33	M	74	177	FT	RD	B+ve	15.2	339	SDP	6	MCS+	80	352	2790	330	5.1		
502.	524	13.5.18	P	31	M	80	170	FT	VD	B+ve	14.6	292	SDP	6	MCS+	69	334	2540	220	3.2		
503.	525	13.5.18	TS	19	M	60	170	FT	VD	O+ve	15.8	227	SDP	6.6	MCS+	81	366	2887	263	3.4		
504.	526	13.5.18	AS	25	M	62	164	FT	RD	O+ve	13.6	233	SDP	6.5	MCS+	82	370	2890	265	3.4		
505.	527	13.5.18	RK	30	M	82	180	FT	VD	A+ve	15.4	253	SDP	6.2	MCS+	80	377	2856	270	4		
506.	528	14.5.18	S	32	M	76	170	FT	VD	O+ve	14.7	242	SDP	6	MCS+	80	377	2856	273	4.1		
507.	530	14.5.18	MB	36	M	68	175	FT	VD	O+ve	14.1	259	SDP	6	MCS+	93	324	2765	271	3.5		
508.	531	14.5.18	G	21	M	98	172	FT	VD	O+ve	13	301	SDP	6.8	MCS+	74	356	2673	240	3.6		
509.	533	15.5.18	H	26	M	80	170	FT	VD	O-ve	15.5	216	SDP	6.8	TRIMA	51	221	2369	216	3		
510.	534	15.5.18	SS	39	M	77	175	R	VD	B+ve	14.7	230	SDP	6	TRIMA	59	244	2748	286	4		
511.	535	15.5.18	N	38	M	70	167	FT	RD	B+ve	16.1	221	SDP	6	MCS+	73	336	2665	290	3		
512.	536	15.5.18	S	31	M	65	168	FT	VD	B+ve	16.5	245	SDP	6	MCS+	74	370	2830	280	3		
513.	537	15.5.18	AS	40	M	72	172	FT	RD	B+ve	13.6	238	SDP	6	MCS+	82	370	2890	265	3.4		Citrate Toxicity
514.	538	15.5.18	KS	29	M	75	175	R	RD	AB-ve	16.6	262	SDP	7.3	MCS+	93	324	2765	271	3.5		
515.	539	16.5.18	GS	20	M	65	180	FT	VD	A+ve	15.1	235	SDP	6	MCS+	82	370	2890	265	3.4		
516.	540	16.5.18	BA	20	M	60	170	FT	RD	AB+ve	14.9	262	SDP	6	TRIMA	43	187	2045	215	3		
517.	541	16.5.18	PJ	39	M	65	164	FT	RD	AB+ve	14.3	253	SDP	6	MCS+	80	377	2856	270	4		
518.	542	16.5.18	GU	38	M	75	170	FT	RD	O+ve	14	303	SDP	7.6	MCS+	74	356	2673	240	3.6		
519.	543	16.5.18	SS	31	M	80	170	FT	RD	A+ve	14.2	237	SDP	6	MCS+	82	370	2890	265	3.4		
520.	544	17.5.18	BS	40	M	70	175	FT	VD	A+ve	14.7	202	SDP	6	MCS+	90	369	2966	270	3		
521.	545	17.5.18	SP	29	M	60	170	R	RD	O+ve	14.3	268	SDP	6	TRIMA	59	230	2556	286	4		
522.	546	17.5.18	AS	20	M	72	180	R	VD	A+ve	15.2	197	SDP	6	MCS+	87	367	2964	268	3		Vasovagal
523.	547	17.5.18	HS	55	M	62	165	R	VD	O+ve	16.1	355	SDP	6	MCS+	74	321	2487	240	3.6		
524.	548	17.5.18	MS	26	M	74	170	FT	RD	AB+ve	16	241	SDP	7.6	MCS+	82	370	2890	265	3.4		
525.	549	17.5.18	SA	42	M	78	180	FT	VD	AB+ve	16.6	249	SDP	7.3	MCS+	74	370	2830	280	3		
526.	550	18.5.18	HB	24	M	60	162	FT	RD	B+ve	16.3	335	SDP	7.4	TRIMA	35	156	1723	214	3		
527.	551	18.5.18	MA	27	M	95	172	FT	VD	B+ve	14.1	255	SDP	6.5	TRIMA	43	187	2045	215	3		
528.	552	19.5.18	SS	22	M	70	170	FT	VD	O+ve	106.3	304	SDP	6	TRIMA	38	177	1803	214	3		
529.	553	19.5.18	NA	22	M	63	167	FT	VD	B+ve	14.3	450	SDP	6	TRIMA	77	209	2681	501	7		
530.	554	19.5.18	DS	27	M	80	165	FT	VD	O+ve	16.2	251	SDP	6.4	MCS+	72	330	2630	282	3		
531.	555	19.5.18	JS	25	M	73	162	FT	RD	B+ve	13.1	284	SDP	6.4	MCS+	68	315	2578	270	3		
532.	556	19.5.18	AS	30	M	83	175	FT	VD	B+ve	13.1	359	SDP	6.2	MCS+	74	321	2487	240	3.6		
533.	557	19.5.18	JS	32	M	68	170	FT	VD	A+ve	15.1	289	SDP	6	MCS+	77	360	2840	270	4		

Sr. No.	DP. No.	Date	Donor's Name & Address	Age	Sex	Weight (Kg)	Height (Cms)	First Time Donor/ Repeat Donor	Voluntary Donor/ Replacement Donor	Blood Group	Hb (g/dl)	Platelet Count (nX109/L)	Type of Procedure SDP/ Plasma Pheresis	TSP (g/dl)	Equipment TRIMA/ MCS+	Duration in min	Volume of Anticoa gulant Used (ml)	Whole Blood Used (ml)	Volume (ml)	PLT YIELD (X1011/µl)	Discard	Adverse Event
534.	558	20.5.18	GS	34	M	60	173	FT	VD	O+ve	14.3	309	SDP	6	MCS+	82	367	2840	220	4.1		
535.	559	20.5.18	RS	26	M	82	165	FT	RD	AB+ve	14.2	290	SDP	6	MCS+	77	360	2840	270	4		
536.	560	20.5.18	MM	23	M	69	165	FT	VD	A+ve	14.6	233	SDP	6	MCS+	82	370	2890	265	3.4		
537.	561	20.5.18	PC	48	M	84	167	FT	RD	AB+ve	14.6	229	SDP	7.1	MCS+	81	366	2887	263	3.4		
538.	562	20.5.18	HS	28	M	72	165	FT	VD	B+ve	14.3	302	SDP	6.5	MCS+	74	356	2673	240	3.6		
539.	563	21.5.18	A	20	M	84	163	FT	VD	A+ve	16.4	327	SDP	6	TRIMA	35	156	1723	214	3		
540.	564	21.5.18	SR	20	M	70	167	FT	VD	O+ve	16.2	231	SDP	6	MCS+	82	370	2890	265	3.4		
541.	565	21.5.18	VS	21	M	72	167	FT	VD	O+ve	15	268	SDP	6.4	MCS+	53	286	2162	260	3		
542.	566	21.5.18	BS	35	M	78	168	FT	RD	O+ve	14.9	281	SDP	6	MCS+	68	315	2578	270	3		
543.	567	21.5.18	SS	25	M	78	166	FT	RD	A+ve	14.6	265	SDP	6.4	MCS+	53	286	2162	260	3		
544.	569	22.5.18	RG	32	M	88	170	FT	VD	O+ve	15.3	296	SDP	7.1	TRIMA	60	255	2335	308	4		
545.	570	22.5.18	SA	22	M	68	177	FT	RD	A+ve	13.7	276	SDP	6	TRIMA	59	230	2556	286	4		
546.	571	22.5.18	RP	26	M	78	170	FT	VD	O+ve	16.1	221	SDP	6	TRIMA	51	221	2369	216	3		
547.	572	22.5.18	AB	23	M	75	170	FT	VD	O+ve	15.4	210	Plasma Pheresis	6.6	MCS+	45	190	1700	500	-		
548.	573	23.5.18	S	30	M	61	167	FT	VD	A+ve	15.6	198	SDP	6.5	MCS+	87	367	2964	268	3		
549.	574	24.5.18	VS	40	M	80	170	FT	VD	A+ve	15.4	263	SDP	6.2	MCS+	93	324	2765	271	3.5		
550.	575	25.5.18	D	35	M	80	168	FT	VD	O+ve	14.7	335	SDP	6	MCS+	80	352	2790	330	5.1		
551.	576	25.5.18	SS	22	M	100	170	FT	RD	A+ve	14	339	SDP	6	MCS+	80	352	2790	330	5.1		
552.	577	25.5.18	DE	22	M	95	172	FT	RD	O+ve	14.8	288	SDP	6.8	TRIMA	36	165	1848	214	3		
553.	578	25.5.18	HS	33	M	75	182	R	VD	O-ve	14.9	306	SDP	6.8	MCS+	74	356	2673	240	3.6		
554.	579	25.5.18	RS	20	M	63	158	FT	VD	O+ve	14.5	218	SDP	6	MCS+	70	336	2665	260	3		
555.	580	25.5.18	PR	23	M	68	165	FT	VD	A+ve	15	269	SDP	6	MCS+	73	315	2729	265	3.5		
556.	581	26.5.18	DS	27	M	88	170	FT	VD	O+ve	14.9	340	SDP	6	TRIMA	58	160	1890	286	4		
557.	582	26.5.18	IS	23	M	80	165	R	RD	A+ve	14.1	228	SDP	6	MCS+	81	366	2887	263	3.4		Vasovagal
558.	583	26.5.18	RS	22	M	65	168	FT	VD	B+ve	15.4	226	SDP	7.3	TRIMA	60	208	2272	215	3		
559.	584	26.5.18	LU	27	M	80	168	FT	RD	B+ve	15.8	182	SDP	6	TRIMA	65	247	2640	219	3		
560.	585	27.5.18	VS	22	M	75	167	R	RD	O+ve	14.8	229	SDP	6	TRIMA	60	208	2272	215	3		Kit Extra Machine Brake Down
561.	586	27.5.18	KS	22	M	75	175	FT	VD	O+ve	16.7	252	SDP	6	MCS+	80	377	2856	270	4		
562.	587	27.5.18	LS	37	M	68	170	FT	RD	O+ve	14	248	SDP	7.6	MCS+	74	370	2830	280	3		
563.	588	27.5.18	GU	33	M	70	170	R	VD	O+ve	13.4	212	SDP	6	MCS+	90	369	2966	270	3		
564.	589	27.5.18	KS	40	M	85	170	FT	RD	B+ve	16.2	254	SDP	6	MCS+	80	377	2856	270	4		
565.	590	28.5.18	GC	32	M	80	170	FT	VD	O+ve	15	290	SDP	6	MCS+	77	360	2840	270	4		
566.	591	28.5.18	NI	29	M	92	170	R	RD	O+ve	15.1	289	SDP	6	MCS+	77	360	2840	270	4		
567.	592	28.5.18	BS	53	M	78	164	R	VD	O-ve	13.9	210	SDP	6	MCS+	90	369	2966	270	3		
568.	593	28.5.18	JS	36	M	60	180	R	RD	O+ve	14.2	312	SDP	6	MCS+	72	287	2250	215	3.2		
569.	594	29.5.18	G	29	M	78	170	FT	RD	B-ve	16.1	222	SDP	6	MCS+	73	336	2665	290	3		
570.	595	30.5.18	KS	25	M	65	175	FT	VD	AB+ve	13.2	322	SDP	6	MCS+	80	350	2710	290	4.8		
571.	596	30.5.18	NS	33	M	70	172	R	VD	O-ve	13.3	264	SDP	6	MCS+	73	330	2678	250	3.4		
572.	597	30.5.18	SS	36	M	65	170	R	RD	O+ve	15.4	209	SDP	6	MCS+	90	369	2966	270	3		
573.	598	30.5.18	SI	24	M	70	175	FT	RD	O-ve	15.6	247	SDP	6	MCS+	74	370	2830	280	3		
574.	599	30.5.18	SS	32	M	68	165	R	RD	A+ve	14.3	361	SDP	6	MCS+	75	358	2693	340	4.8		Citrate Toxicity
575.	600	31.5.18	GS	22	M	70	165	FT	VD	O+ve	15.4	443	SDP	6	MCS+	76	320	2750	278	5.8		
576.	601	31.5.18	TG	27	M	80	175	R	RD	O-ve	12.9	275	SDP	6	MCS+	82	370	2990	270	3.8		Citrate Toxicity
577.	602	31.5.18	AS	30	M	80	170	FT	VD	B+ve	14.5	297	SDP	6	MCS+	74	356	2673	240	3.6		
578.	603	1.6.18	AJ	53	M	60	170	R	VD	B+ve	14.9	258	SDP	6	MCS+	93	324	2765	271	3.5		
579.	604	1.6.18	KS	53	M	74	177	R	VD	O+ve	12.7	296	SDP	6	MCS+	80	360	2840	260	4.2		
580.	605	1.6.18	VI	32	M	73	176	FT	VD	A+ve	14.2	290	SDP	6	MCS+	77	360	2840	270	4		
581.	606	1.6.18	RI	26	M	62	170	FT	RD	B+ve	14.2	238	SDP	6	TRIMA	50	184	2046	214	3		
582.	607	2.6.18	MS	50	M	80	170	FT	RD	B+ve	17.9	201	SDP	6	MCS+	90	369	2966	270	3		
583.	608	2.6.18	AS	52	M	70	172	R	VD	B+ve	16.4	234	SDP	6	MCS+	82	370	2890	265	3.4		
584.	609	2.6.18	GP	42	M	70	167	FT	RD	B+ve	14.5	188	SDP	6	TRIMA	61	283	2870	214	3		Citrate Toxicity
585.	610	2.6.18	PA	33	M	80	165	FT	VD	O+ve	13.7	192	SDP	6.4	MCS+	102	418	3363	315	3		
586.	611	2.6.18	HS	32	M	66	170	R	VD	O-ve	14.3	292	SDP	6	MCS+	69	334	2540	220	3.2		
587.	612	2.6.18	SS	34	M	90	180	FT	VD	B+ve	16.3	351	SDP	6.4	MCS+	74	321	2487	240	3.6		
588.	613	2.6.18	RK	27	M	70	170	FT	VD	B+ve	14	268	SDP	6.5	MCS+	53	286	2162	260	3		
589.	614	3.6.18	KK	19	M	63	170	FT	VD	AB+ve	15.2	287	SDP	6	MCS+	68	315	2578	270	3		
590.	615	3.6.18	AS	31	M	75	165	FT	RD	B+ve	15	306	SDP	6	MCS+	74	356	2673	240	3.6		
591.	616	3.6.18	HS	21	M	65	165	FT	VD	O+ve	16	417	SDP	6.4	MCS+	65	321	2487	280	4.5		
592.	617	3.6.18	SS	27	M	78	170	FT	VD	B+ve	11.2	345	SDP	6	MCS+	74	321	2487	240	3.6		
593.	618	3.6.18	KG	55	M	100	165	R	VD	O+ve	14.3	206	SDP	6.4	MCS+	90	369	2966	270	3		
594.	619	3.6.18	GA	36	M	96	175	FT	RD	B+ve	14.1	326	SDP	7.1	MCS+	80	350	2710	290	4.8		
595.	620	3.6.18	SU	35	M	75	170	FT	VD	O+ve	15.5	325	SDP	6	MCS+	80	350	2710	290	4.8		
596.	622	4.6.18	BA	20	M	70	170	FT	RD	AB-ve	14.5	446	SDP	6	MCS+	76	320	2750	278	5.8		
597.	623	4.6.18	GS	23	M	63	177	FT	VD	B+ve	15	252	SDP	6.6	MCS+	80	377	2856	270	4		
598.	624	5.6.18	GS	24	M	68	170	FT	VD	O+ve	13.6	305	SDP	6.5	MCS+	74	356	2673	240	3.6		
599.	625	5.6.18	AK	27	M	71	170	FT	VD	B+ve	15.1	204	SDP	6.2	MCS+	90	369	2966	270	3		
600.	626	6.6.18 7.6.18	A	26	M	90	164	FT	RD	B+ve	16	255	SDP	6	MCS+	73	329	2710	258	3.5		
601.	627	7.6.18	SG	37	M	62	180	FT	RD	B+ve	15.8	200	SDP	6	MCS+	90	369	2966	270	3		
602.	628	7.6.18	RK	36	M	65	170	FT	RD	B+ve	14.3	320	SDP	6.8	MCS+	72	287	2250	215	3.2		
603.	630	8.6.18	K	38	M	60	175	FT	RD	B+ve	14.7	224	SDP	6.8	MCS+	73	354	2876	240	3.1		
604.	631	9.6.18	ID	30	M	79	172	FT	VD	A+ve	13.7	211	SDP	6	MCS+	90	369	2966	270	3		
605.	632	9.6.18	HS	25	M	70	170	FT	VD	O+ve	16.3	221	SDP	6	MCS+	73	336	2665	290	3		
606.	633	10.6.18	SS	49	M	75	175	FT	RD	A+ve	14.9	202	SDP	6	MCS+	90	369	2966	270	3		
607.	634	10.6.18	AS	29	M	68	167	FT	RD	O+ve	15.6	205	SDP	6	MCS+	90	369	2966	270	3		
608.	635	10.6.18	KS	32	M	84	168	FT	VD	AB+ve	15.2	224	SDP	7.3	MCS+	73	354	2876	240	3.1		
609.	636	10.6.18	K S	56	M	62	172	R	VD	A+ve	14.6	190	SDP	6	MCS+	102	418	3363	315	3		

Sr. No.	DP. No.	Date	Donor's Name & Address	Age	Sex	Weight (Kg)	Height (Cms)	First Time Donor/ Repeat Donor	Voluntary Donor/ Replacement Donor	Blood Group	Hb (g/dl)	Platelet Count (nX109/L)	Type of Procedure SDP/ Plasma Pheresis	TSP (g/dl)	Equipment TRIMA/ MCS+	Duration in min	Volume of Anticoa gulant Used (ml)	Whole Blood Used (ml)	Volume (ml)	PLT YIELD (X1011/µl)	Discard	Adverse Event
610.	637	10.6.18	JS	47	M	80	175	FT	RD	O+ve	16.1	269	SDP	6	MCS+	73	315	2729	265	3.5		
611.	638	11.6.18 12.6.18	GS	27	M	90	180	R	VD	O+ve	16	202	SDP	6	MCS+	90	369	2966	270	3	Discarded	
612.	639	12.6.18	MJ	32	M	75	170	FT	VD	A+ve	14.4	211	SDP	7.6	MCS+	90	369	2966	270	3		
613.	640	13.6.18 14.6.18	RK	32	M	80	164	R	RD	B+ve	13.7	203	SDP	6	MCS+	90	369	2966	270	3	Discarded	
614.	641	14.6.18	VS	28	M	78	180	FT	VD	O+ve	13.6	407	SDP	6	MCS+	59	379	2498	339	4.7		
615.	643	14.6.18	HG	30	M	80	170	FT	VD	B+ve	14.1	266	SDP	6	MCS+	53	286	2162	260	3		
616.	644	15.6.18	SS	24	M	66	175	FT	RD	A+ve	14.6	391	SDP	6	MCS+	115	480	3456	373	7		Citrate Toxicity
617.	645	15.6.18	MS	23	M	84	172	FT	VD	A+ve	12.4	271	SDP	6	MCS+	78	380	2880	250	3.7		
618.	646	15.6.18	AN	27	M	97	170	FT	VD	A+ve	13	317	SDP	7.6	MCS+	72	287	2250	215	3.2		
619.	647	15.6.18	PK	35	M	70	175	FT	VD	B+ve	15.9	266	SDP	7.3	MCS+	53	286	2162	260	3		
620.	648	16.6.18	AS	33	M	62	167	R	RD	AB+ve	14.7	339	SDP	7.4	MCS+	80	352	2790	330	5.1		
621.	649	17.6.18	R	26	M	60	168	R	VD	B+ve	16	232	SDP	6.5	MCS+	82	370	2890	265	3.4		
622.	650	17.6.18	RK	32	M	80	172	FT	VD	O+ve	15.8	275	SDP	6	MCS+	82	370	2990	270	3.8		
623.	651	17.6.18	IK	43	M	68	175	FT	RD	A+ve	14	224	SDP	6	MCS+	73	354	2876	240	3.1		
624.	652	18.6.18	NG	28	M	65	180	FT	VD	O+ve	16.2	201	SDP	6.4	MCS+	90	369	2966	270	3		
625.	653	19.6.18	JS	31	M	78	154	FT	RD	B+ve	14.9	200	SDP	6.4	MCS+	90	369	2966	270	3		
626.	655	20.6.18	JS	37	M	62	170	R	RD	A+ve	14	245	SDP	6.2	MCS+	74	370	2830	280	3		Kit Extra Technique Related
627.	656	20.6.18	VK	47	M	85	172	R	VD	A+ve	13.7	280	SDP	6	MCS+	68	315	2578	270	3		
628.	657	20.6.18	SK	54	M	63	170	R	VD	O+ve	13.3	272	SDP	6	MCS+	70	324	2585	250	3.2		
629.	658	20.6.18	RY	32	M	80	170	FT	VD	O+ve	15.9	201	SDP	6	MCS+	90	369	2966	270	3		
630.	659	21.6.18	S	18	M	68	180	FT	VD	O+ve	14.3	314	SDP	6	TRIMA	38	177	1803	214	3		
631.	660	21.6.18	CD	28	M	82	167	R	RD	B+ve	15.6	389	SDP	7.1	MCS+	75	341	2664	250	5.1	Discarded	
632.	661	21.6.18	PS	24	M	88	180	FT	VD	B+ve	14	230	SDP	6.5	MCS+	82	370	2890	265	3.4		
633.	662	21.6.18	SK	21	M	71	169	R	VD	B+ve	13.3	352	SDP	6	MCS+	74	321	2487	240	3.6		Vascular Injury
634.	663	22.6.18	HS	33	M	60	176	FT	RD	A+ve	14.9	242	SDP	6	TRIMA	50	193	2089	214	3		
635.	664	22.6.18	GA	39	M	80	180	FT	RD	B+ve	13.6	223	SDP	6.4	TRIMA	51	221	2369	216	3		
636.	665	22.6.18	RA	25	M	73	180	FT	VD	AB+ve	15.7	357	SDP	6	MCS+	74	321	2487	240	3.6		
637.	667	23.6.18	AC	26	M	70	167	R	VD	O+ve	14.8	344	SDP	6.4	MCS+	74	321	2487	240	3.6		
638.	668	23.6.18	JS	38	M	65	168	FT	RD	O+ve	15.6	201	SDP	7.1	MCS+	90	369	2966	270	3		
639.	669	24.6.18	R	22	M	65	172	FT	VD	O+ve	16.1	237	SDP	6	MCS+	82	370	2890	265	3.4		
640.	670	24.6.18	UD	32	M	84	175	FT	VD	A+ve	16.2	313	SDP	6	MCS+	65	310	2440	273	3.5		
641.	671	25.6.18	SS	26	M	100	180	R	VD	A+ve	14	278	Plasma Pheresis	6.6	MCS+	52	195	1900	500	-		
642.	672	25.6.18	KS	23	M	72	154	FT	VD	O+ve	14.4	371	Plasma Pheresis	6.5	MCS+	52	200	1925	500	-		
643.	673	25.6.18	AD	25	M	84	170	R	RD	O+ve	16.4	340	SDP	6.2	MCS+	80	352	2790	330	5.1		Vascular Injury
644.	674	25.6.18	JS	26	M	68	172	R	RD	A+ve	12.8	274	SDP	6	MCS+	70	324	2585	250	3.2	Discarded	
645.	675	25.6.18	RA	22	M	80	170	FT	RD	A+ve	14.6	265	SDP	6	MCS+	53	286	2162	260	3		
646.	676	26.6.18	RB	30	M	79	170	R	RD	A+ve	14.5	335	SDP	6.8	MCS+	80	352	2790	330	5.1		Extra Kit Machine Brake Down
647.	677	26.6.18	SS	19	M	60	180	FT	VD	B+ve	15.3	275	SDP	6.8	TRIMA	59	230	2556	286	4		
648.	678	26.6.18	SA	26	M	69	167	FT	VD	A+ve	15.6	184	SDP	6	TRIMA	61	283	2870	214	3		
649.	679	26.6.18	RA	42	M	80	180	FT	VD	A+ve	16	269	SDP	6	MCS+	73	315	2729	265	3.5		
650.	680	26.6.18	SH	22	M	60	169	FT	RD	B+ve	13	201	SDP	6	MCS+	90	369	2966	270	3		
651.	681	26.6.18	SS	27	M	70	176	FT	VD	B+ve	15.4	224	SDP	6	MCS+	73	354	2876	240	3.1		
652.	682	27.6.18	D	38	M	90	180	FT	RD	B+ve	13.4	361	SDP	7.3	MCS+	75	358	2693	340	4.8		
653.	684	27.6.18	JS	38	M	80	165	FT	VD	B+ve	11.1	227	SDP	6	MCS+	81	366	2887	263	3.4		
654.	685	27.6.18	GA	40	M	76	165	FT	RD	B+ve	14	215	SDP	6	MCS+	70	336	2665	260	3		
655.	687	28.6.18	Y	28	M	75	170	FT	VD	AB+ve	15.8	345	SDP	6	MCS+	74	321	2487	240	3.6		
656.	688	29.6.18	JS	46	M	72	165	R	RD	B+ve	15	224	SDP	7.6	MCS+	73	354	2876	240	3.1		
657.	689	29.6.18	GS	26	M	80	175	FT	RD	AB+ve	13.6	240	SDP	6	TRIMA	50	240	2791	218	4		
658.	690	29.6.18	SK	35	M	60	170	R	RD	O+ve	15.2	200	SDP	6	MCS+	90	369	2966	270	3		Citrate Toxicity
659.	691	29.6.18	SA	18	M	71	170	FT	VD	A+ve	15.1	285	SDP	6	TRIMA	47	214	2427	285	4	Discarded	
660.	692	29.6.18	RK	45	M	82	177	FT	RD	AB+ve	15.9	337	SDP	6	MCS+	80	352	2790	330	5.1		
661.	693	29.6.18	AS	35	M	63	170	FT	VD	O+ve	13.9	207	SDP	6	MCS+	90	369	2966	270	3		
662.	694	29.6.18	RS	25	M	75	170	FT	VD	O+ve	15.5	436	SDP	7.3	MCS+	65	321	2487	280	4.5		
663.	695	30.6.18	VPS	20	M	76	164	FT	VD	O+ve	14.8	264	SDP	6	MCS+	73	330	2678	250	3.4		
664.	696	30.6.18	GS	22	M	75	180	FT	RD	O+ve	14.6	335	SDP	6	MCS+	80	352	2790	330	5.1		
665.	697	30.6.18	KS	24	M	70	170	FT	RD	O+ve	15.2	373	SDP	6	MCS+	72	363	2778	373	4.9		
666.	698	30.6.18	RA	34	M	68	175	FT	VD	O+ve	16.2	292	SDP	7.6	MCS+	69	334	2540	220	3.2		
667.	699	30.6.18	OP	38	M	68	172	FT	RD	A+ve	13.9	203	SDP	7.3	TRIMA	70	246	2632	215	3		
668.	700	30.6.18	KS	34	M	73	170	FT	RD	A+ve	13.1	239	SDP	7.4	TRIMA	50	184	2046	214	3		
669.	701	30.6.18	DS	37	M	65	175	FT	VD	B+ve	15	306	SDP	6.5	MCS+	74	356	2673	240	3.6		
670.	702	30.6.18	VI	34	M	61	167	FT	RD	A+ve	15.2	254	SDP	6	MCS+	80	377	2856	270	4		
671.	703	1.07.18	PK	27	M	70	170	FT	RD	AB+ve	14.1	316	SDP	6	MCS+	65	310	2440	273	3.5		
672.	704	1.07.18	GS	22	M	62	170	FT	RD	O+ve	13.9	303	SDP	6.4	MCS+	74	356	2673	240	3.6		
673.	705	1.07.18	JS	21	M	63	175	FT	VD	B+ve	15.3	224	SDP	6.4	MCS+	73	354	2876	240	3.1		
674.	706	1.07.18	AJ	43	M	80	170	FT	RD	B+ve	14.9	283	SDP	6.2	MCS+	68	315	2578	270	3		
675.	707	1.07.18	AK	24	M	74	180	FT	RD	B+ve	15.8	228	SDP	6	MCS+	81	366	2887	263	3.4		
676.	708	1.07.18	BK	30	M	78	165	FT	VD	B+ve	14.4	257	SDP	6	MCS+	93	324	2765	271	3.5		
677.	709	1.07.18	GS	24	M	60	170	FT	RD	O+ve	17	309	SDP	6	MCS+	82	367	2840	220	4.1		Citrate Toxicity
678.	710	2.7.18	JS	27	M	72	180	FT	VD	B+ve	15.7	199	SDP	6	MCS+	90	369	2966	270	3		
679.	711	2.7.18	KS	24	M	60	162	R	RD	O+ve	15.3	306	SDP	7.1	MCS+	74	356	2673	240	3.6	Discarded	
680.	712	2.7.18	SS	32	M	80	172	R	VD	O+ve	14	217	SDP	6.5	TRIMA	51	221	2369	216	3		

Sr. No.	DP. No.	Date	Donor's Name & Address	Age	Sex	Weight (Kg)	Height (Cms)	First Time Donor/ Repeat Donor	Voluntary Donor/ Replacement Donor	Blood Group	Hb (g/dl)	Platelet Count (nX109/L)	Type of Procedure SDP/ Plasma Pheresis	TSP (g/dl)	Equipment TRIMA/ MCS+	Duration in min	Volume of Anticoa gulant Used (ml)	Whole Blood Used (ml)	Volume (ml)	PLT YIELD (X1011/µl)	Discard	Adverse Event
681.	713	2.7.18	MO	22	M	72	170	FT	RD	B+ve	14.8	346	SDP	6	TRIMA	39	143	1618	215	3		
682.	714	2.7.18	KS	35	M	78	167	FT	RD	A+ve	13.8	226	SDP	6	TRIMA	60	208	2272	215	3		Vascular Injury
683.	715	3.7.18	D	21	M	80	165	FT	VD	O+ve	12.4	354	SDP	6.4	MCS+	74	321	2487	240	3.6		
684.	716	3.7.18	RJ	46	M	72	162	FT	VD	A+ve	13.3	202	SDP	6	MCS+	90	369	2966	270	3		
685.	717	3.7.18	RU	28	M	80	175	FT	VD	B+ve	15.8	210	SDP	6.4	MCS+	90	369	2966	270	3		
686.	718	3.7.18	PS	21	M	82	170	FT	RD	B+ve	14.3	263	SDP	7.1	MCS+	93	324	2765	271	3.5		
687.	719	3.7.18	VJ	46	M	65	173	FT	VD	B+ve	15.1	288	SDP	6	MCS+	68	315	2578	270	3		
688.	720	3.7.18	BS	25	M	66	165	FT	VD	A+ve	15	198	SDP	6	MCS+	87	367	2964	268	3		
689.	721	4.7.18	IS	24	M	84	165	FT	RD	B+ve	14.5	415	SDP	6.6	TRIMA	39	143	1618	215	3		
690.	722	4.7.18	GS	29	M	68	167	FT	RD	O+ve	11.2	192	SDP	6.5	TRIMA	50	228	2477	213	3		
691.	723	4.7.18	NE	27	M	80	165	FT	VD	A+ve	12.9	338	SDP	6.2	MCS+	80	352	2790	330	5.1		
692.	724	5.7.18	KS	36	M	72	163	FT	RD	A+ve	14.9	339	SDP	6	MCS+	80	352	2790	330	5.1		
693.	725	5.7.18	AG	48	M	87	167	FT	RD	O+ve	14.1	295	SDP	6	MCS+	80	360	2840	260	4.2		
694.	726	5.7.18	PR	27	M	63	167	FT	VD	A+ve	15.2	350	SDP	6.8	MCS+	74	321	2487	240	3.6		
695.	727	5.7.18	MK	25	M	74	168	FT	VD	AB+ve	14.4	313	SDP	6.8	MCS+	65	310	2440	273	3.5		
696.	728	5.7.18	SS	40	M	68	166	R	RD	O+ve	14.3	360	SDP	6	MCS+	74	321	2487	240	3.6	Discarded	
697.	729	6.7.18	S	43	M	71	170	FT	VD	O+ve	15.7	168	SDP	6	TRIMA	65	261	2755	214	3		
698.	730	6.7.18	HS	31	M	95	177	FT	RD	O+ve	15.3	308	SDP	6	TRIMA	38	177	1803	214	3		
699.	731	6.7.18	HS	31	M	74	170	R	RD	B+ve	14.3	242	SDP	6	MCS+	80	377	2856	273	4.1	Discarded	
700.	732	6.7.18	RK	23	M	100	170	FT	VD	B+ve	15.6	198	SDP	7.3	TRIMA	50	228	2477	213	3		
701.	733	6.7.18	AG	46	M	84	167	FT	RD	A-ve	14.3	304	SDP	6	MCS+	74	356	2673	240	3.6		
702.	734	7.7.18	PV	21	M	60	170	FT	RD	B+ve	13.8	164	SDP	6	TRIMA	65	261	2755	214	3		
703.	735	7.7.18	MW	31	M	60	168	FT	RD	O+ve	15.3	332	SDP	6	MCS+	82	358	2693	330	4.8		
704.	736	7.7.18	AK	39	M	62	170	FT	RD	B+ve	14.9	184	SDP	7.6	TRIMA	61	283	2870	214	3		Citrate Toxicity
705.	737	7.7.18	RC	31	M	72	172	FT	RD	B+ve	16.1	190	SDP	6	MCS+	102	418	3363	315	3		
706.	738	7.7.18	RK	30	M	78	182	FT	VD	A+ve	15.8	340	SDP	6	MCS+	80	352	2790	330	5.1		
707.	739	7.7.18	SK	21	M	68	158	FT	RD	B+ve	13.2	285	SDP	6	MCS+	68	315	2578	270	3		
708.	740	7.7.18	DE	26	M	82	165	FT	RD	A+ve	14.8	231	SDP	6	MCS+	82	370	2890	265	3.4		
709.	741	8.7.18	S	31	M	62	170	FT	VD	B+ve	15.9	326	SDP	6	TRIMA	35	156	1723	214	3		
710.	742	8.7.18	VPS	20	M	78	165	FT	VD	O+ve	14.5	418	SDP	7.6	MCS+	123	480	3541	340	6		
711.	744	8.7.18	KS	23	M	80	168	R	VD	B+ve	13.6	249	SDP	7.3	MCS+	74	370	2830	280	3		
712.	745	8.7.18	DA	54	M	65	168	R	VD	B+ve	14.6	267	Plasma Pheresis	7.4	MCS+	49	195	2100	500	-		
713.	746	9.7.18	DS	45	M	67	167	R	RD	A+ve	13.1	230	SDP	6.5	MCS+	82	370	2890	265	3.4		
714.	747	9.7.18	RS	39	M	70	175	FT	RD	A+ve	15	251	SDP	6	MCS+	72	330	2630	282	3		
715.	748	9.7.18	JS	34	M	80	170	FT	RD	A+ve	14	206	SDP	6	MCS+	90	369	2966	270	3		
716.	749	9.7.18	VK	38	M	68	170	FT	RD	B+ve	12.4	275	SDP	6.4	MCS+	82	370	2990	270	3.8		
717.	750	9.7.18	HS	26	M	60	170	FT	VD	AB+ve	15.4	227	SDP	6.4	MCS+	81	366	2887	263	3.4		
718.	751	9.7.18	JS	25	M	70	170	FT	VD	B+ve	14.1	269	SDP	6.2	MCS+	73	315	2729	265	3.5		
719.	752	9.7.18	TA	21	M	78	170	FT	RD	B+ve	15.2	352	SDP	6	MCS+	74	321	2487	240	3.6		
720.	753	10.7.18	D	22	M	60	164	FT	RD	B+ve	16.2	209	SDP	6	MCS+	90	369	2966	270	3		
721.	754	11.7.18	VK	25	M	70	180	FT	VD	B+ve	14.5	287	SDP	6	MCS+	68	315	2578	270	3		
722.	755	11.7.18	RS	22	M	78	170	FT	RD	B+ve	16.3	224	SDP	6	TRIMA	55	221	2379	214	3		
723.	756	11.7.18	BS	39	M	60	175	FT	VD	B+ve	13	223	SDP	7.1	MCS+	73	354	2876	240	3.1		
724.	757	11.7.18	RO	30	M	68	172	R	RD	AB+ve	14.6	252	SDP	6.5	MCS+	80	377	2856	270	4		Citrate Toxicity Discarded
725.	758	12.7.18	GS	25	M	68	170	FT	VD	B+ve	15.1	324	SDP	6	MCS+	80	350	2710	290	4.8		
726.	759	12.7.18	DS	30	M	82	175	FT	VD	AB+ve	15	310	SDP	6	TRIMA	38	177	1803	214	3		
727.	760	12.7.18	LB	34	M	68	165	FT	RD	B+ve	14.4	241	SDP	6.4	TRIMA	50	240	2791	218	4		
728.	761	12.7.18	MG	23	M	75	165	FT	VD	B+ve	15.9	371	SDP	6	MCS+	72	363	2778	373	4.9		
729.	762	12.7.18	AS	23	M	80	175	FT	VD	O+ve	15	319	SDP	6.4	TRIMA	47	187	2161	289	4		
730.	763	12.7.18	GA	23	M	62	170	FT	VD	O+ve	13.2	224	SDP	7.1	MCS+	73	354	2876	240	3.1		
731.	764	12.7.18	TI	26	M	68	170	FT	VD	O+ve	15	245	SDP	6	MCS+	74	370	2830	280	3		
732.	766	12.7.18	JS	24	M	100	177	FT	RD	B+ve	12.7	241	SDP	6	MCS+	82	370	2890	265	3.4		
733.	768	13.7.18	KS	38	M	78	176	FT	RD	B+ve	14.7	269	SDP	6.6	MCS+	70	330	2678	280	3.3		
734.	769	13.7.18	LO	23	M	80	170	FT	VD	B+ve	13	226	SDP	6.5	MCS+	81	366	2887	263	3.4		
735.	770	13.7.18	AM	26	M	68	170	R	VD	AB+ve	14	302	SDP	6.2	MCS+	74	356	2673	240	3.6		
736.	771	13.7.18	GS	40	M	80	172	FT	RD	B+ve	11.7	210	SDP	6	MCS+	90	369	2966	270	3		
737.	772	14.7.18	A	21	M	90	167	FT	RD	B+ve	12.9	255	SDP	6	TRIMA	43	187	2045	215	3		
738.	773	14.7.18	PS	25	M	80	165	FT	VD	AB+ve	13.1	236	SDP	6.8	TRIMA	50	184	2046	214	3		
739.	774	14.7.18	GS	35	M	70	170	FT	RD	A+ve	15.2	323	Plasma Pheresis	6.8	MCS+	49	185	2025	500	-		
740.	775	14.7.18	AS	40	M	92	180	R	RD	O+ve	14.3	329	SDP	6	MCS+	64	360	2464	270	3.8		
741.	776	14.7.18	BS	24	M	74	170	FT	RD	B+ve	15.7	201	SDP	6	MCS+	90	369	2966	270	3		
742.	777	15.7.18	GS	21	M	84	170	R	RD	O+ve	15.9	208	SDP	6	MCS+	90	369	2966	270	3		Vasovagal
743.	778	16.7.18	BS	30	M	88	165	FT	VD	B+ve	14.8	222	SDP	6	MCS+	73	336	2665	290	3		
744.	779	16.7.18	GS	23	M	90	165	FT	VD	B+ve	15.4	200	SDP	7.3	MCS+	90	369	2966	270	3		
745.	780	16.7.18	SA	21	M	70	170	FT	RD	B+ve	12.8	297	SDP	6	MCS+	74	356	2673	240	3.6		
746.	781	16.7.18	RI	27	M	60	165	FT	VD	O+ve	15.7	301	SDP	6	MCS+	74	356	2673	240	3.6		
747.	782	18.7.18	KS	34	M	70	175	FT	VD	B+ve	14.9	247	SDP	6	MCS+	74	370	2830	280	3		
748.	783	18.7.18	CS	42	M	75	170	FT	VD	B+ve	15.4	268	SDP	7.6	MCS+	53	286	2162	260	3		
749.	784	18.7.18	AS	21	M	68	170	FT	VD	O+ve	16.5	258	SDP	6	MCS+	93	324	2765	271	3.5		
750.	785	18.7.18	KS	25	M	63	177	FT	VD	B+ve	13.8	303	SDP	6	MCS+	74	356	2673	240	3.6		
751.	786	18.7.18	VI	40	M	96	170	R	VD	A+ve	15.5	237	SDP	6	MCS+	82	370	2890	265	3.4		
752.	787	19.7.18	A	27	M	90	170	FT	VD	O+ve	15.2	335	SDP	6	TRIMA	35	156	1723	214	3		
753.	788	19.7.18	SS	21	M	82	164	FT	VD	B+ve	14.6	210	SDP	6	MCS+	90	369	2966	270	3		
754.	789	19.7.18	SU	29	M	78	180	FT	RD	A+ve	15	201	SDP	6	MCS+	90	369	2966	270	3		
755.	790	19.7.18	AS	18	M	82	170	FT	RD	O+ve	13	316	SDP	6	MCS+	65	310	2440	273	3.5		
756.	791	19.7.18	SA	21	M	65	175	FT	RD	B+ve	17.1	230	SDP	6	MCS+	82	370	2890	265	3.4		
757.	792	20.7.18	PS	24	M	60	172	R	VD	B+ve	17.3	278	SDP	6	TRIMA	65	228	2287	286	4		

Sr. No.	DP. No.	Date	Donor's Name & Address	Age	Sex	Weight (Kg)	Height (Cms)	First Time Donor/ Repeat Donor	Voluntary Donor/ Replacement Donor	Blood Group	Hb (g/dl)	Platelet Count (nX109/L)	Type of Procedure SDP/ Plasma Pheresis	TSP (g/dl)	Equipment TRIMA/ MCS+	Duration in min	Volume of Anticoagulant Used (ml)	Whole Blood Used (ml)	Volume (ml)	PLT YIELD (X1011/µl)	Discard	Adverse Event
758.	793	20.7.18	SS	24	M	60	170	R	VD	A+ve	15.5	231	SDP	6	MCS+	82	370	2890	265	3.4		
759.	794	20.7.18	CO	24	M	76	175	R	VD	B+ve	14.7	269	SDP	6	TRIMA	59	230	2556	286	4		
760.	795	20.7.18	GS	23	M	65	167	FT	VD	B+ve	15.1	227	SDP	6	TRIMA	60	208	2272	215	3		
761.	796	20.7.18	SS	46	M	62	168	FT	VD	B+ve	14.3	220	SDP	6	MCS+	73	336	2665	290	3		
762.	797	20.7.18	VI	30	M	76	172	FT	VD	B+ve	16	264	SDP	6	TRIMA	43	187	2045	215	3		
763.	798	20.7.18	SS	34	M	68	175	R	VD	B+ve	11.6	281	SDP	6	MCS+	68	315	2578	270	3		
764.	799	20.7.18	CJ	31	M	80	180	FT	VD	A+ve	15.8	366	SDP	7.3	MCS+	123	480	3541	340	6		
765.	800	20.7.18	RA	24	M	85	170	FT	VD	B+ve	15.6	255	SDP	6	MCS+	73	329	2710	258	3.5		
766.	801	21.7.18	SK	23	M	60	164	FT	VD	B+ve	143.9	387	SDP	6	MCS+	75	341	2664	250	5.1		
767.	802	21.7.18	RS	25	M	88	180	FT	VD	B+ve	16.1	217	SDP	6	MCS+	70	336	2665	260	3		
768.	803	21.7.18	LS	39	M	62	170	FT	VD	A+ve	16	369	SDP	7.6	MCS+	77	354	2768	340	5		
769.	804	21.7.18	SE	51	M	76	175	R	VD	A+ve	14	277	SDP	7.3	MCS+	82	370	2990	270	3.8		
770.	806	21.7.18	RA	38	M	90	172	FT	VD	B+ve	14.9	268	SDP	7.4	MCS+	53	286	2162	260	3		
771.	807	22.7.18	K	37	M	65	170	FT	RD	B+ve	11.9	346	SDP	6.5	MCS+	74	321	2487	240	3.6		Vascular Injury
772.	809	22.7.18	MS	21	M	75	175	FT	RD	AB+ve	13.6	281	SDP	6	MCS+	68	315	2578	270	3		
773.	810	22.7.18	GS	30	M	60	167	R	VD	B+ve	14.8	273	SDP	6	MCS+	70	324	2585	250	3.2		
774.	811	22.7.18	AK	50	M	87	168	FT	RD	O+ve	14.7	280	SDP	6.4	MCS+	68	315	2578	270	3		
775.	812	22.7.18	SY	26	M	96	172	R	VD	B+ve	14.5	288	SDP	6.4	MCS+	68	315	2578	270	3		
776.	815	23.7.18	KR	40	M	70	175	R	VD	O+ve	16.1	307	SDP	6.2	MCS+	74	356	2673	240	3.6		
777.	817	23.7.18	NS	27	M	78	180	FT	RD	AB+ve	14.5	233	SDP	6	TRIMA	60	220	2256	213	3		Citrate Toxicity
778.	818	24.7.18	TS	32	M	62	154	R	RD	AB+ve	14.8	233	SDP	6	MCS+	82	370	2890	265	3.4	Discarded	
779.	819	24.7.18	BS	32	M	68	170	FT	VD	A+ve	13.9	208	SDP	6	MCS+	90	369	2966	270	3		
780.	820	24.7.18	AS	33	M	78	172	FT	RD	B+ve	14.3	243	SDP	6	MCS+	72	350	2870	266	3.2		
781.	821	24.7.18	JS	32	M	78	170	FT	VD	AB+ve	14.1	232	Plasma pheresis	7.1	MCS+	47	180	2000	500	-		
782.	822	24.7.18	RK	30	M	78	170	R	VD	B+ve	12.8	230	SDP	6.5	MCS+	82	370	2890	265	3.4		
783.	823	24.7.18	NI	26	M	74	180	R	VD	B+ve	13.8	396	SDP	6	MCS+	67	280	2445	330	5.6		
784.	824	24.7.18	PU	31	M	92	167	FT	VD	B+ve	14.7	370	Plasma pheresis	6	MCS+	58	185	1900	500	-		
785.	825	25.7.18	R	26	M	77	180	R	VD	B+ve	16.1	278	SDP	6.4	TRIMA	65	228	2287	286	4		
786.	826	25.7.18	JA	51	M	65	169	R	VD	B+ve	13.1	249	SDP	6	MCS+	74	370	2830	280	3		
787.	827	25.7.18	MO	28	M	70	176	FT	VD	B+ve	14.8	389	SDP	6.4	MCS+	75	341	2664	250	5.1		
788.	828	25.7.18	RO	22	M	84	180	FT	VD	B+ve	15.2	229	SDP	6.5	MCS+	81	366	2887	263	3.4		
789.	829	25.7.18	RO	28	M	80	180	FT	VD	B+ve	15	204	SDP	6	MCS+	90	369	2966	270	3		
790.	830	25.7.18	AM	37	M	74	167	R	RD	B+ve	14	266	SDP	6	MCS+	53	286	2162	260	3	Discarded	
791.	831	25.7.18	IS	25	M	74	168	FT	VD	B+ve	14.7	341	SDP	6.4	TRIMA	58	160	1890	286	4		
792.	832	26.7.18	AJ	25	M	88	172	FT	RD	O+ve	15.4	315	SDP	6	MCS+	65	310	2440	273	3.5		Vascular Injury
793.	833	26.7.18	SK	47	M	60	175	FT	VD	O+ve	13.1	307	SDP	6.4	MCS+	74	356	2673	240	3.6		
794.	834	26.7.18	MO	30	M	80	180	R	VD	B+ve	14.6	210	SDP	7.1	MCS+	90	369	2966	270	3		
795.	835	26.7.18	BS	28	M	70	154	FT	VD	B+ve	15.9	297	SDP	6	MCS+	74	356	2673	240	3.6		
796.	836	26.7.18	VK	21	M	60	170	FT	RD	B+ve	14	460	SDP	6	MCS+	76	320	2750	278	5.8		
797.	837	26.7.18	LO	31	M	100	172	FT	VD	O+ve	13.7	228	SDP	6.6	MCS+	81	366	2887	263	3.4		
798.	838	27.7.18	SM	31	M	74	170	FT	VD	B+ve	14.4	197	SDP	6.5	MCS+	87	367	2964	268	3		
799.	840	27.7.18	AN	22	M	64	170	FT	VD	O+ve	14.7	290	SDP	6.2	MCS+	77	360	2840	270	4		
800.	841	27.7.18	VS	32	M	70	180	FT	VD	B+ve	15	222	SDP	6	MCS+	73	336	2665	290	3		
801.	842	27.7.18	VK	38	M	82	167	FT	VD	O+ve	13.1	275	SDP	6	MCS+	82	370	2990	270	3.8		
802.	843	27.7.18	GR	42	M	60	180	R	RD	A+ve	15.2	237	SDP	6.8	MCS+	82	370	2890	265	3.4	Discarded	
803.	844	27.7.18	NA	18	M	60	169	FT	RD	O+ve	15.8	316	SDP	6.8	MCS+	65	310	2440	273	3.5		
804.	845	27.7.18	HA	33	M	79	176	FT	VD	O+ve	13.8	194	SDP	6	MCS+	102	418	3363	315	3		
805.	846	28.7.18	SS	35	M	68	180	R	RD	AB+ve	14.5	190	SDP	6	MCS+	102	418	3363	315	3		
806.	847	28.7.18	AB	27	M	60	165	FT	VD	O+ve	15.6	251	SDP	6	MCS+	72	330	2630	282	3		
807.	848	28.7.18	AV	27	M	80	165	FT	RD	AB+ve	13.3	195	SDP	6	MCS+	87	367	2964	268	3		Citrate Toxicity
808.	849	28.7.18	SA	23	M	62	170	R	VD	O+ve	15.7	325	SDP	7.3	MCS+	80	350	2710	290	4.8		
809.	850	29.7.18	DG	42	M	84	165	FT	VD	O+ve	16.1	290	SDP	6	MCS+	77	360	2840	270	4		
810.	851	29.7.18	RK	29	M	84	175	FT	RD	O+ve	13.9	279	SDP	6	MCS+	68	315	2578	270	3		
811.	852	30.7.18	PK	31	M	78	170	FT	VD	B+ve	14.7	219	SDP	6	MCS+	73	336	2665	290	3		
812.	853	30.7.18	HJ	30	M	74	170	FT	VD	O+ve	15.7	253	SDP	7.6	MCS+	80	377	2856	270	4		
813.	854	30.7.18	SK	28	M	82	177	FT	VD	AB+ve	14.4	217	SDP	6	TRIMA	51	221	2369	216	3		
814.	855	30.7.18	RS	23	M	88	170	R	VD	B+ve	14.9	260	SDP	6	MCS+	93	324	2765	271	3.5		
815.	856	30.7.18	SA	18	M	76	170	FT	RD	O+ve	14.6	398	SDP	6	MCS+	67	280	2445	330	5.6		
816.	857	31.7.18	SM	23	M	69	164	R	VD	AB+ve	14.1	312	SDP	6	MCS+	72	287	2250	215	3.2		
817.	858	31.7.18	SK	25	M	80	180	R	RD	B+ve	14.6	340	SDP	6	MCS+	80	352	2790	330	5.1	Discarded	
818.	859	31.7.18	BS	50	M	68	170	FT	VD	B+ve	16.4	199	SDP	7.6	MCS+	90	369	2966	270	3		
819.	860	31.7.18	GS	45	M	75	175	R	RD	O+ve	14	262	SDP	7.3	MCS+	93	324	2765	271	3.5		
820.	862	1.8.18	AG	44	M	84	172	FT	RD	B+ve	13.1	229	SDP	7.4	MCS+	81	366	2887	263	3.4		
821.	863	1.8.18	KS	26	M	62	170	FT	VD	A+ve	14.6	228	SDP	6.5	MCS+	81	366	2887	263	3.4		
822.	864	1.8.18	AS	28	M	76	175	FT	RD	A+ve	13.9	229	SDP	6	MCS+	84	366	2887	263	3.4		Citrate Toxicity
823.	865	1.8.18	JS	35	M	92	167	FT	RD	O+ve	13.7	274	SDP	6	MCS+	70	324	2585	250	3.2		
824.	866	2.8.18	AS	24	M	77	170	FT	VD	O+ve	15.5	231	SDP	6.4	MCS+	82	370	2890	265	3.4		
825.	867	2.8.18	HS	23	M	70	170	FT	VD	O+ve	15.5	313	SDP	6.4	MCS+	65	310	2440	273	3.5		
826.	868	2.8.18	SS	34	M	95	175	FT	VD	O+ve	15.3	225	SDP	6.2	MCS+	73	354	2876	240	3.1		
827.	869	2.8.18	HS	20	M	74	170	R	VD	B+ve	14.8	228	SDP	6	TRIMA	60	208	2272	215	3		
828.	870	2.8.18	IS	37	M	88	180	R	VD	B+ve	13.8	280	SDP	6	MCS+	68	315	2578	270	3		
829.	871	2.8.18	BA	26	M	63	165	FT	VD	O+ve	14.9	201	SDP	6	TRIMA	70	246	2632	215	3		
830.	872	2.8.18	MK	27	M	80	170	FT	VD	A+ve	15.3	239	SDP	6	MCS+	82	370	2890	265	3.4		
831.	873	2.8.18	MA	20	M	76	180	FT	RD	O+ve	16.6	301	SDP	7.1	MCS+	74	356	2673	240	3.6		
832.	874	3.8.18	HS	26	M	80	162	FT	VD	O+ve	15.8	226	SDP	6.5	MCS+	81	366	2887	263	3.4		
833.	875	3.8.18	JS	35	M	68	172	FT	RD	O+ve	13	205	SDP	6	TRIMA	55	234	2499	214	3		
834.	876	3.8.18	NG	28	M	72	170	FT	VD	AB+ve	15.8	218	SDP	6	MCS+	70	336	2665	260	3		

Sr. No.	DP. No.	Date	Donor's Name & Address	Age	Sex	Weight (Kg)	Height (Cms)	First Time Donor/ Repeat Donor	Voluntary Donor/ Replacement Donor	Blood Group	Hb (g/dl)	Platelet Count (nX109/L)	Type of Procedure SDP/ Plasma Pheresis	TSP (g/dl)	Equipment TRIMA/ MCS+	Duration in min	Volume of Anticoa gulant Used (ml)	Whole Blood Used (ml)	Volume (ml)	PLT YIELD (X1011/µl)	Discard	Adverse Event
835.	877	4.8.18	SPS	33	M	85	167	FT	RD	O+ve	14	205	SDP	6.4	TRIMA	55	234	2499	214	3		
836.	878	4.8.18	PS	28	M	62	165	FT	VD	B+ve	13.7	395	SDP	6	MCS+	67	280	2445	330	5.6		
837.	879	4.8.18	PK	34	M	80	162	FT	RD	B+ve	12.4	210	SDP	6.4	TRIMA	60	232	2520	214	3		Vascular Injury
838.	880	4.8.18	JS	32	M	78	175	FT	VD	B+ve	14.1	223	SDP	7.1	MCS+	73	354	2876	240	3.1		
839.	881	4.8.18	SU	45	M	70	170	FT	VD	AB+ve	15.6	242	SDP	6	MCS+	80	377	2856	273	4.1		
840.	882	5.8.18	TS	25	M	78	173	FT	VD	B+ve	16.2	205	SDP	6	TRIMA	55	234	2499	214	3		
841.	883	5.8.18	DV	31	M	63	165	FT	RD	AB+ve	14.8	222	SDP	6.6	TRIMA	51	221	2369	216	3		Vasovagal
842.	884	5.8.18	SA	33	M	85	165	FT	VD	B+ve	15.1	190	SDP	6.5	MCS+	102	418	3363	315	3		
843.	885	5.8.18	SH	24	M	65	167	FT	VD	O+ve	14	217	SDP	6.2	MCS+	70	336	2665	260	3		
844.	886	6.8.18	VK	34	M	60	165	R	RD	B-ve	14.1	258	SDP	6	MCS+	93	324	2765	271	3.5	Discarded	
845.	887	6.8.18	TS	24	M	62	163	FT	VD	A+ve	15	278	SDP	6	MCS+	68	315	2578	270	3		
846.	888	6.8.18	US	32	M	78	167	FT	VD	O+ve	14.8	248	SDP	6.8	MCS+	74	370	2830	280	3		
847.	889	6.8.18	BB	26	M	70	167	FT	RD	A+ve	15.1	216	SDP	6.8	MCS+	70	336	2665	260	3		Vasovagal
848.	890	6.8.18	KU	31	M	60	168	FT	VD	O+ve	17	317	SDP	6	MCS+	72	287	2250	215	3.2		
849.	891	7.8.18	DS	33	M	65	166	R	RD	A+ve	16.4	331	SDP	6	MCS+	82	358	2693	330	4.8	Discarded	
850.	892	7.8.18	BS	23	M	73	170	FT	VD	B+ve	12.4	210	SDP	6	MCS+	90	369	2966	270	3		
851.	893	7.8.18	SP	44	M	75	177	FT	RD	B+ve	15.9	289	SDP	6	MCS+	77	360	2840	270	4		
852.	894	7.8.18	MR	35	M	80	170	FT	VD	B+ve	18.9	245	SDP	7.3	MCS+	74	370	2830	280	3		
853.	895	7.8.18	SU	23	M	72	170	FT	VD	O+ve	15.4	306	SDP	6	MCS+	74	356	2673	240	3.6		
854.	896	8.8.18	YS	25	M	68	167	R	VD	B+ve	14	292	SDP	6	TRIMA	60	255	2335	308	4		
855.	897	8.8.18	RK	40	M	65	170	FT	VD	B+ve	12.4	239	SDP	6	TRIMA	50	184	2046	214	3		
856.	898	8.8.18	AN	30	M	68	168	FT	VD	AB+ve	14.8	273	SDP	7.6	MCS+	70	324	2585	250	3.2		
857.	999	8.8.18	RI	23	M	94	170	R	VD	A+ve	16	197	SDP	6	MCS+	87	367	2964	268	3		
858.	1000	8.8.18	RS	42	M	70	172	FT	VD	A+ve	14	282	SDP	6	MCS+	68	315	2578	270	3		
859.	1001	8.8.18	VK	53	M	80	182	R	VD	B+ve	14.8	333	SDP	6	MCS+	82	358	2693	330	4.8		
860.	1002	8.8.18	SJ	36	M	65	158	FT	RD	B+ve	14.9	271	SDP	6.4	MCS+	78	380	2880	250	3.7		
861.	1003	8.8.18	RI	22	M	75	165	FT	VD	B+ve	15.9	297	SDP	6	MCS+	74	356	2673	240	3.6		
862.	1004	8.8.18	SA	26	M	78	170	FT	VD	AB+ve	13.7	317	SDP	6.4	MCS+	72	287	2250	215	3.2		
863.	1005	9.8.18	CS	45	M	62	165	FT	VD	A+ve	13.4	300	SDP	7.1	MCS+	74	356	2673	240	3.6		
864.	1006	9.8.18	HS	25	M	75	168	FT	VD	A+ve	15.1	230	SDP	6	MCS+	82	370	2890	265	3.4		
865.	1007	10.8.18	GS	34	M	84	168	R	RD	O-ve	14.8	235	SDP	6	MCS+	82	370	2890	265	3.4	Discarded	
866.	1008	10.8.18	AB	21	M	60	167	FT	RD	B+ve	15.4	184	SDP	6.6	TRIMA	61	283	2870	214	3		
867.	1009	10.8.18	RA	24	M	70	175	FT	VD	AB+ve	12.4	343	SDP	6.5	MCS+	74	321	2487	240	3.6		
868.	1010	10.8.18	JS	54	M	65	170	R	VD	O+ve	15.3	262	SDP	6.2	MCS+	93	324	2765	271	3.5		
869.	1011	10.8.18	RS	27	M	60	170	R	VD	B+ve	16.2	252	SDP	6	MCS+	80	377	2856	270	4	Discarded	
870.	1012	10.8.18	VA	33	M	70	170	FT	VD	B+ve	13.1	208	SDP	6	MCS+	90	369	2966	270	3		
871.	1013	10.8.18	RJ	32	M	68	170	FT	VD	B+ve	14.1	304	SDP	6.8	MCS+	74	356	2673	240	3.6		
872.	1014	10.8.18	MK	29	M	83	170	FT	RD	B+ve	15.2	204	SDP	6.8	MCS+	90	369	2966	270	3		
873.	1015	11.8.18	PK	51	M	90	164	R	VD	O+ve	15.4	199	SDP	6	MCS+	90	369	2966	270	3		
874.	1016	11.8.18	MS	26	M	80	180	FT	VD	AB+ve	15	263	SDP	6	MCS+	93	324	2765	271	3.5		
875.	1017	11.8.18	SS	30	M	70	170	R	RD	AB+ve	15.6	282	SDP	6	MCS+	68	315	2578	270	3	Discarded	
876.	1018	11.8.18	RT	39	M	87	175	FT	VD	AB+ve	15.9	255	SDP	6	MCS+	73	329	2710	258	3.5		
877.	1019	11.8.18	JS	26	M	77	172	FT	VD	B+ve	16.8	316	SDP	7.3	MCS+	65	310	2440	273	3.5		
878.	1020	11.8.18	PG	38	M	70	170	FT	VD	A+ve	14.4	244	SDP	6	MCS+	74	370	2830	280	3		
879.	1021	12.8.18	SS	24	M	75	175	FT	VD	B-ve	15.1	251	SDP	6	MCS+	72	330	2630	282	3		
880.	1022	12.8.18	AK	25	M	71	165	FT	VD	B+ve	15.1	257	SDP	6	MCS+	93	324	2765	271	3.5		
881.	1023	13.8.18	AS	30	M	74	165	FT	VD	O+ve	15.5	229	Plasma pheresis	6	MCS+	55	180	2000	500	-		
882.	1024	13.8.18	RK	35	M	70	175	R	RD	B+ve	16.3	260	SDP	7.3	MCS+	93	324	2765	271	3.5	Discarded	
883.	1025	13.8.18	NS	39	M	72	170	FT	VD	B+ve	13.7	243	SDP	6	TRIMA	50	193	2089	214	3		
884.	1026	13.8.18	JR	24	M	70	175	FT	RD	O+ve	16.5	272	SDP	6	MCS+	70	324	2585	250	3.2		
885.	1027	14.8.18	RS	20	M	62	172	FT	RD	B+ve	16	287	SDP	6	MCS+	68	315	2578	270	3		
886.	1028	14.8.18	OS	25	M	84	170	R	VD	B+ve	14.6	254	SDP	7.6	MCS+	80	377	2856	270	4		
887.	1029	14.8.18	BS	23	M	80	175	R	VD	B-ve	16.6	264	SDP	7.3	TRIMA	43	187	2045	215	3		
888.	1030	14.8.18	SB	20	M	60	167	FT	VD	B+ve	15.6	237	SDP	7.4	TRIMA	50	184	2046	214	3		
889.	1031	15.8.18	MS	38	M	73	168	R	VD	B+ve	15	380	SDP	6.5	TRIMA	39	143	1618	215	3		
890.	1032	15.8.18	AB	26	M	62	172	FT	VD	O+ve	14.1	258	SDP	6	MCS+	93	324	2765	271	3.5		
891.	1033	15.8.18	RG	20	M	62	175	FT	VD	B+ve	15.2	269	SDP	6	MCS+	73	315	2729	265	3.5		
892.	1034	15.8.18	MG	28	M	75	180	FT	VD	B+ve	14.1	344	SDP	6.4	MCS+	74	321	2487	240	3.6		
893.	1035	15.8.18	AS	25	M	65	154	R	VD	B+ve	15.6	289	SDP	6.4	MCS+	77	360	2840	270	4		
894.	1036	16.8.18	P	23	M	78	170	R	VD	AB+ve	11.5	285	SDP	6.2	TRIMA	54	209	2385	288	4		
895.	1037	16.8.18	AS	38	M	74	172	R	VD	B+ve	15.9	215	SDP	6	MCS+	70	336	2665	260	3		
896.	1038	16.8.18	BS	30	M	80	170	FT	VD	O+ve	12.8	252	SDP	6	MCS+	80	377	2856	270	4		
897.	1039	17.8.18	PS	40	M	88	170	FT	VD	B+ve	15.2	255	SDP	6	MCS+	73	329	2710	258	3.5		
898.	1040	17.8.18	JS	20	M	60	180	FT	VD	B+ve	15.4	303	SDP	6	MCS+	74	356	2673	240	3.6		
899.	1041	17.8.18	EG	37	M	78	167	FT	VD	B-ve	16.1	302	SDP	7.1	MCS+	74	356	2673	240	3.6		
900.	1042	17.8.18	JS	38	M	72	180	R	VD	AB+ve	15.1	278	SDP	6.5	MCS+	68	315	2578	270	3		
901.	1043	17.8.18	HS	34	M	62	169	FT	RD	O-ve	14.5	321	SDP	6	MCS+	72	287	2250	215	3.2		
902.	1044	17.8.18	SD	29	M	62	176	R	RD	B+ve	14	272	SDP	6	MCS+	70	324	2585	250	3.2	Discarded	
903.	1045	18.8.18	HS	42	M	72	180	FT	VD	B+ve	13	228	SDP	6.4	MCS+	81	366	2887	263	3.4		
904.	1046	18.8.18	HS	21	M	75	180	FT	RD	B+ve	14.8	254	SDP	6	TRIMA	43	187	2045	215	3		
905.	1047	18.8.18	AN	34	M	85	167	R	RD	A+ve	14.8	198	SDP	6.4	MCS+	87	367	2964	268	3		
906.	1048	18.8.18	BS	37	M	68	168	FT	RD	B+ve	15.2	321	SDP	7.1	MCS+	72	287	2250	215	3.2		
907.	1049	18.8.18	SS	40	M	72	172	R	RD	O+ve	14.9	208	SDP	6	TRIMA	55	234	2499	214	3	Discarded	
908.	1050	18.8.18	PJ	18	M	65	175	FT	RD	A+ve	15.5	357	SDP	6	MCS+	74	321	2487	240	3.6		
909.	1051	18.8.18	VD	32	M	60	180	FT	VD	B+ve	14.4	336	SDP	6.6	MCS+	80	352	2790	330	5.1		
910.	1052	18.8.18	LS	23	M	60	154	R	VD	B+ve	15.1	227	SDP	6.5	MCS+	81	366	2887	263	3.4		
911.	1053	19.8.18	JS	33	M	70	170	FT	VD	AB+ve	15.3	229	SDP	6.2	MCS+	81	366	2887	263	3.4		
912.	1054	19.8.18	AB	38	M	84	172	R	VD	B+ve	10.9	271	SDP	6	MCS+	78	380	2880	250	3.7		

Sr. No.	DP. No.	Date	Donor's Name & Address	Age	Sex	Weight (Kg)	Height (Cms)	First Time Donor/ Repeat Donor	Voluntary Donor/ Replacement Donor	Blood Group	Hb (g/dl)	Platelet Count (nX109/L)	Type of Procedure SDP/ Plasma Pheresis	TSP (g/dl)	Equipment TRIMA/ MCS+	Duration in min	Volume of Anticoa gulant Used (ml)	Whole Blood Used (ml)	Volume (ml)	PLT YIELD (X1011/µl)	Discard	Adverse Event
913.	1055	19.8.18	DS	24	M	80	170	FT	RD	O+ve	14.8	298	Plasma pheresis	6	MCS+	47	180	2100	500	-		
914.	1056	19.8.18	NA	27	M	78	170	FT	VD	A+ve	13.5	296	SDP	6.8	MCS+	80	360	2840	260	4.2		
915.	1057	19.8.18	GP	24	M	72	180	FT	RD	A+ve	14.4	224	SDP	6.8	MCS+	73	354	2876	240	3.1		
916.	1058	19.8.18	HA	25	M	70	167	R	VD	AB+ve	15.2	293	SDP	6	MCS+	69	334	2540	220	3.2		
917.	1059	20.8.18	JS	54	M	90	180	R	VD	O+ve	15.2	225	SDP	6	MCS+	73	354	2876	240	3.1		
918.	1060	20.8.18	AK	20	M	67	169	R	VD	O+ve	15.1	280	SDP	6.6	MCS+	68	315	2578	270	3		
919.	1061	20.8.18	HS	25	M	70	176	R	VD	B+ve	15.8	349	SDP	6.5	TRIMA	39	143	1618	215	3		
920.	1062	20.8.18	RS	23	M	70	180	FT	VD	A+ve	16.4	256	SDP	6.2	MCS+	73	329	2710	258	3.5		
921.	1063	20.8.18	GS	25	M	77	165	R	VD	B+ve	12	365	SDP	6	MCS+	123	480	3541	340	6		
922.	1064	20.8.18	SS	29	M	75	165	FT	RD	B+ve	16	244	SDP	6	MCS+	74	370	2830	280	3		
923.	1066	22.8.18	KS	22	M	70	170	FT	VD	A-ve	15.6	298	SDP	6.8	MCS+	74	356	2673	240	3.6		
924.	1067	22.8.18	EV	23	M	74	165	FT	VD	B+ve	14.5	235	SDP	6.8	MCS+	82	370	2890	265	3.4		
925.	1068	22.8.18	JS	26	M	68	175	FT	VD	B+ve	16.4	206	SDP	6	MCS+	90	369	2966	270	3		
926.	1069	23.8.18	GS	24	M	80	170	FT	RD	B-ve	14.8	242	SDP	6	MCS+	80	377	2856	273	4.1		Vasovagal
927.	1070	23.8.18	DS	42	M	80	170	R	VD	O+ve	14.2	240	SDP	6	MCS+	82	370	2890	265	3.4		
928.	1071	23.8.18	PG	30	M	84	177	FT	VD	A+ve	15.2	361	SDP	6	MCS+	75	358	2693	340	4.8		
929.	1072	23.8.18	MS	18	M	80	170	FT	RD	A-ve	15.4	277	SDP	7.3	MCS+	82	370	2990	270	3.8		
930.	1073	23.8.18	DS	53	M	63	170	R	VD	O+ve	12.8	206	SDP	6	MCS+	90	369	2966	270	3		
931.	1074	23.8.18	RS	22	M	97	164	R	RD	B+ve	14.4	290	SDP	6	MCS+	77	360	2840	270	4	Discarded	
932.	1075	23.8.18	SO	27	M	78	180	R	VD	O+ve	15.1	257	SDP	6	MCS+	93	324	2765	271	3.5		
933.	1076	24.8.18	LS	27	M	78	170	R	VD	O+ve	13.4	267	SDP	7.6	MCS+	53	286	2162	260	3		
934.	1077	24.8.18	SK	30	M	80	175	FT	VD	O+ve	15	264	SDP	6	MCS+	73	330	2678	250	3.4		
935.	1078	24.8.18	MB	23	M	69	172	FT	VD	O+ve	14.1	269	SDP	6	MCS+	73	315	2729	265	3.5		
936.	1079	24.8.18	AS	47	M	78	170	FT	VD	B+ve	14.6	190	SDP	6	MCS+	102	418	3363	315	3		
937.	1080	24.8.18	JK	37	M	74	175	FT	RD	B+ve	15.5	228	SDP	6.4	MCS+	81	366	2887	263	3.4		
938.	1081	24.8.18	UK	28	M	70	167	FT	VD	B+ve	14.6	218	SDP	6	MCS+	70	336	2665	260	3		
939.	1082	24.8.18	TA	25	M	80	170	FT	VD	B+ve	13.6	268	SDP	6.4	MCS+	53	286	2162	260	3		
940.	1083	27.8.18	AJ	41	M	71	170	FT	RD	AB+ve	15.6	233	SDP	7.1	TRIMA	60	220	2256	213	3		
941.	1084	27.8.18	JS	33	M	67	175	FT	VD	B+ve	12.4	255	SDP	6	MCS+	73	329	2710	258	3.5		
942.	1085	27.8.18	AS	30	M	75	170	FT	VD	O+ve	14.8	243	SDP	6	MCS+	72	350	2870	266	3.2		
943.	1086	27.8.18	UA	23	M	73	180	FT	VD	B+ve	15.1	193	SDP	6.6	MCS+	100	415	3363	315	3		
944.	1087	28.8.18	DS	40	M	94	165	FT	RD	B+ve	15.4	267	SDP	6.5	TRIMA	59	230	2556	286	4		
945.	1088	28.8.18	JK	25	M	85	170	FT	VD	B+ve	14.9	335	SDP	6.2	TRIMA	35	156	1723	214	3		
946.	1089	28.8.18	AN	33	M	75	180	FT	VD	O+ve	15.8	238	SDP	6	MCS+	82	370	2890	265	3.4		
947.	1090	28.8.18	NS	21	M	68	162	R	RD	O-ve	15.8	386	SDP	6	MCS+	75	341	2664	250	5.1	Discarded	
948.	1091	29.8.18	HA	20	M	60	172	R	VD	O+ve	16.5	220	SDP	6.8	MCS+	73	336	2665	290	3		
949.	1092	29.8.18	GS	35	M	73	170	R	RD	B+ve	15.2	277	SDP	6.8	MCS+	82	370	2990	270	3.8	Discarded	
950.	1093	29.8.18	LS	30	M	95	167	FT	RD	B+ve	13.9	331	SDP	6	MCS+	80	352	2790	330	5.1		Citrate Toxicity
951.	1094	29.8.18	KS	43	M	90	165	FT	VD	B+ve	13.3	265	SDP	6	MCS+	53	286	2162	260	3		
952.	1095	29.8.18	BS	24	M	84	162	R	RD	B+ve	15.9	197	SDP	6	MCS+	87	367	2964	268	3		Citrate Toxicity
953.	1096	29.8.18		27	M	76	175	R	VD	B+ve	14.2	310	SDP	6	MCS+	82	367	2840	220	4.1		
954.	1097	29.8.18	AM	26	M	80	170	FT	VD	B+ve	14.2	310	SDP	7.3	MCS+	82	367	2840	220	4.1		
955.	1098	30.8.18	GS	33	M	65	173	R	RD	O+ve	14.2	363	SDP	6	MCS+	75	358	2693	340	4.8	Discarded	
956.	1099	30.8.18	MS	31	M	61	165	FT	VD	O+ve	14.1	198	SDP	6	MCS+	87	367	2964	268	3		
957.	1100	30.8.18	VM	24	M	60	165	FT	RD	O+ve	14.7	360	SDP	6	TRIMA	39	143	1618	215	3		
958.	1101	30.8.18	SS	21	M	70	167	FT	RD	O+ve	14.8	192	SDP	7.6	TRIMA	50	228	2477	213	3		
959.	1102	30.8.18	HI	43	F	84	165	FT	VD	AB+ve	13	250	SDP	7.3	TRIMA	44	191	2110	214	3		
960.	1103	30.8.18	RS	30	M	98	163	FT	VD	B+ve	16	290	SDP	7.4	MCS+	77	360	2840	270	4		
961.	1104	30.8.18	AS	38	M	80	167	R	VD	O-ve	15.4	245	SDP	6.5	MCS+	74	370	2830	280	3		
962.	1105	30.8.18	NK	38	M	78	167	R	RD	B+ve	15	344	SDP	6	MCS+	74	321	2487	240	3.6		
963.	1106	30.8.18	RS	28	M	82	168	FT	VD	O+ve	11.9	292	SDP	6	MCS+	69	334	2540	220	3.2		
964.	1107	30.8.18	RA	27	M	84	166	R	VD	O+ve	14	368	SDP	6.4	MCS+	123	480	3541	340	6		
965.	1108	31.8.18	GS	23	M	84	170	FT	VD	B+ve	14.9	318	SDP	6.4	TRIMA	47	187	2161	289	4		
966.	1109	31.8.18	CK	46	M	62	177	FT	VD	B+ve	15.2	241	SDP	6.2	MCS+	82	370	2890	265	3.4		
967.	1111	31.8.18	MS	29	M	75	170	FT	RD	O+ve	14.2	253	SDP	6	TRIMA	44	195	2095	215	3		
968.	1112	31.8.18	PS	54	M	68	170	R	VD	O+ve	12.9	237	SDP	6	TRIMA	50	184	2046	214	3		
969.	1113	31.8.18	AM	38	M	78	167	R	RD	B+ve	15.1	294	SDP	6	MCS+	80	360	2840	260	4.2		
970.	1114	31.8.18	JS	26	M	60	170	FT	VD	O+ve	13.6	216	SDP	6	TRIMA	51	221	2369	216	3		
971.	1115	31.8.18	NB	21	M	83	168	FT	VD	B+ve	15.9	290	SDP	7.1	TRIMA	60	255	2335	308	4		
972.	1116	31.8.18	RS	29	M	60	170	FT	RD	B+ve	13.4	240	SDP	6.5	MCS+	82	370	2890	265	3.4		
973.	1117	31.8.18	JK	28	M	62	172	FT	VD	B+ve	15.1	299	SDP	6	MCS+	74	356	2673	240	3.6		
974.	1118	1.9.18	MU	29	M	84	182	R	VD	A-ve	12	343	SDP	6	MCS+	74	321	2487	240	3.6	Discarded	
975.	1119	1.9.18	CN	23	M	70	158	FT	RD	O+ve	14.3	200	SDP	6.4	MCS+	90	369	2966	270	3		Citrate Toxicity
976.	1120	1.9.18	KA	33	M	60	165	FT	RD	B+ve	14.1	288	SDP	6	MCS+	68	315	2578	270	3		
977.	1121	2.9.18	AS	21	M	100	170	FT	VD	A+ve	13.7	213	SDP	6.4	MCS+	90	369	2966	270	3		
978.	1122	2.9.18	RA	24	M	75	165	FT	RD	B+ve	15.4	250	SDP	7.1	MCS+	72	330	2630	282	3		
979.	1123	2.9.18	GS	25	M	90	168	R	RD	B+ve	16.1	230	SDP	6	TRIMA	59	244	2748	286	4		Citrate Toxicity
980.	1124	2.9.18	KK	25	M	62	168	FT	VD	O+ve	13.7	251	SDP	6	TRIMA	44	191	2110	214	3		
981.	1125	2.9.18	SS	24	M	71	167	FT	RD	B+ve	14.1	300	SDP	6.6	MCS+	74	356	2673	240	3.6		
982.	1126	2.9.18	WI	31	M	68	175	FT	VD	AB+ve	15	250	SDP	6.5	MCS+	72	330	2630	282	3		
983.	1127	2.9.18	MO	29	M	98	170	FT	VD	O-ve	12.7	382	SDP	6.2	MCS+	75	341	2664	250	5.1		
984.	1128	3.9.18	GK	44	M	72	170	FT	RD	O+ve	14.6	372	SDP	6	MCS+	72	363	2778	373	4.9		
985.	1129	3.9.18	AS	33	M	70	170	FT	RD	A+ve	13.4	215	SDP	6	MCS+	70	336	2665	260	3		
986.	1130	3.9.18	GS	30	M	88	170	FT	VD	B+ve	14.7	302	SDP	6.8	MCS+	74	356	2673	240	3.6		
987.	1131	3.9.18	KR	38	M	70	170	FT	RD	B+ve	15.6	283	SDP	6.8	MCS+	68	315	2578	270	3		
988.	1132	3.9.18	AS	20	M	78	164	R	VD	A+ve	14.5	266	SDP	6	MCS+	53	286	2162	260	3		

Sr. No.	DP. No.	Date	Donor's Name & Address	Age	Sex	Weight (Kg)	Height (Cms)	First Time Donor/ Repeat Donor	Voluntary Donor/ Replacement Donor	Blood Group	Hb (g/dl)	Platelet Count (nX109/L)	Type of Procedure SDP/ Plasma Pheresis	TSP (g/dl)	Equipment TRIMA/ MCS+	Duration in min	Volume of Anticoa gulant Used (ml)	Whole Blood Used (ml)	Volume (ml)	PLT YIELD (X1011/µl)	Discard	Adverse Event
989.	1133	3.9.18	JS	37	M	65	180	R	RD	B+ve	16.7	253	SDP	6	TRIMA	44	195	2095	215	3		
990.	1134	3.9.18	MA	32	M	68	170	FT	VD	O-ve	15.6	220	SDP	6	MCS+	73	336	2665	290	3		
991.	1135	3.9.18	AJ	22	M	73	175	FT	VD	O+ve	12.7	310	Plasma pheresis	6	MCS+	60	185	2125	500	-		
992.	1136	3.9.18	GS	36	M	70	172	FT	RD	B+ve	15	192	SDP	7.3	MCS+	102	418	3363	315	3		
993.	1137	4.9.18	KS	25	M	85	170	FT	VD	B+ve	14.3	200	SDP	6	TRIMA	60	264	2563	216	3		
994.	1138	4.9.18	PA	40	M	91	175	R	RD	B+ve	15.2	222	SDP	6	TRIMA	51	221	2369	216	3		Vascular Injury
995.	1139	4.9.18	GS	26	M	95	165	FT	VD	O+ve	14.1	357	SDP	6	MCS+	74	321	2487	240	3.6		
996.	1140	4.9.18	NS	24	M	78	165	FT	RD	AB+ve	14.8	228	SDP	7.6	TRIMA	60	208	2272	215	3		
997.	1141	4.9.18	SA	33	M	60	175	R	RD	AB+ve	15.1	195	SDP	6	MCS+	87	367	2964	268	3	Discarded	
998.	1142	4.9.18	SS	27	M	65	170	FT	VD	B+ve	14.4	315	SDP	6	MCS+	65	310	2440	273	3.5		
999.	1143	4.9.18	RA	37	M	77	170	R	RD	A-ve	15.6	287	SDP	6	MCS+	68	315	2578	270	3		
1000.	1144	4.9.18	JS	24	M	70	177	FT	RD	A+ve	14.2	304	SDP	6	MCS+	74	356	2673	240	3.6		
1001.	1145	4.9.18	PA	40	M	95	176	FT	RD	AB+ve	14.9	306	SDP	6	MCS+	74	356	2673	240	3.6		
1002.	1146	4.9.18	KS	25	M	60	170	FT	VD	O+ve	15.3	416	SDP	6	MCS+	65	321	2487	280	4.5		
1003.	1147	5.9.18	VG	32	M	62	170	R	RD	B+ve	12.5	186	SDP	6.2	TRIMA	61	283	2870	214	3	Discarded	
1004.	1148	5.9.18	MA	19	M	80	172	FT	VD	B+ve	15.1	275	SDP	6	MCS+	82	370	2990	270	3.8		
1005.	1149	5.9.18	AN	23	M	85	167	FT	VD	B+ve	12.1	287	SDP	6	MCS+	68	315	2578	270	3		
1006.	1150	5.9.18	LA	24	M	72	165	FT	RD	A+ve	14.5	235	SDP	6.5	MCS+	82	370	2890	265	3.4		
1007.	1151	5.9.18	RA	50	M	94	170	R	RD	O+ve	15.7	228	SDP	6	MCS+	81	366	2887	263	3.4	Discarded	
1008.	1152	5.9.18	LS	26	M	72	180	FT	VD	A-ve	13.9	289	SDP	6	MCS+	77	360	2840	270	4		
1009.	1153	6.9.18	IS	26	M	71	170	R	VD	B+ve	13.9	232	SDP	6	MCS+	82	370	2890	265	3.4		
1010.	1154	6.9.18	GS	24	M	80	170	FT	VD	O+ve	14.9	312	SDP	6	TRIMA	38	177	1803	214	3		
1011.	1156	6.9.18	HJ	25	M	76	165	FT	VD	A+ve	14.6	265	SDP	6	MCS+	53	286	2162	260	3		
1012.	1157	6.9.18	GS	24	M	80	165	FT	VD	O+ve	14.5	221	SDP	7.3	TRIMA	51	221	2369	216	3		
1013.	1158	6.9.18	RJ	25	M	74	170	FT	VD	B+ve	15.6	269	SDP	6	TRIMA	59	230	2556	286	4		
1014.	1159	6.9.18	SS	37	M	90	165	FT	RD	O+ve	14.2	314	SDP	6	MCS+	65	310	2440	273	3.5		
1015.	1160	6.9.18	NC	21	M	80	175	FT	VD	B+ve	16.3	308	SDP	6	MCS+	70	311	2434	275	3.6		
1016.	1161	6.9.18	DK	24	M	80	170	FT	VD	B+ve	14	212	SDP	7.6	TRIMA	51	221	2369	216	3		
1017.	1162	6.9.18	CS	43	M	90	170	FT	VD	O+ve	14.5	278	SDP	7.3	TRIMA	65	228	2287	286	4		
1018.	1163	6.9.18	GS	34	M	76	177	FT	RD	B+ve	16.2	279	SDP	7.4	MCS+	68	315	2578	270	3		
1019.	1164	6.9.18	RA	34	M	97	170	R	RD	A+ve	16.9	297	SDP	6.5	MCS+	74	356	2673	240	3.6	Discarded	
1020.	1165	6.9.18	JB	32	M	68	170	FT	VD	A+ve	16.6	425	SDP	6	MCS+	123	480	3541	340	6		
1021.	1166	6.9.18	DT	31	M	65	164	FT	VD	B+ve	15.5	219	SDP	6	TRIMA	51	221	2369	216	3		
1022.	1167	7.9.18	AS	30	M	84	180	FT	VD	B+ve	16.3	262	SDP	6.4	TRIMA	43	187	2045	215	3		
1023.	1168	7.9.18	PS	24	M	60	170	FT	VD	B+ve	14.8	326	SDP	6.4	MCS+	80	350	2710	290	4.8		
1024.	1169	7.9.18	LS	21	M	78	175	R	RD	A-ve	15.8	306	SDP	6.2	TRIMA	38	177	1803	214	3	Discarded	
1025.	1170	7.9.18	NG	28	M	90	172	R	RD	O+ve	15	308	SDP	6	TRIMA	38	177	1803	214	3	Discarded	
1026.	1171	7.9.18	CS	32	M	70	170	FT	VD	A+ve	15.1	320	SDP	7.6	MCS+	72	287	2250	215	3.2		
1027.	1172	7.9.18	AN	20	M	71	175	R	VD	O-ve	13.8	190	SDP	6	TRIMA	50	228	2477	213	3		
1028.	1173	7.9.18	DI	20	M	92	167	R	VD	B+ve	14.6	305	SDP	6	MCS+	74	356	2673	240	3.6		
1029.	1174	7.9.18	RG	29	M	65	168	FT	VD	B+ve	15.5	255	SDP	7.1	MCS+	73	329	2710	258	3.5		
1030.	1175	8.9.18	KS	28	M	65	172	FT	VD	A+ve	13.8	284	SDP	6.5	MCS+	68	315	2578	270	3		
1031.	1176	8.9.18	YA	24	M	85	175	FT	VD	B+ve	15.8	247	SDP	6	TRIMA	40	195	2138	215	3		
1032.	1177	8.9.18	AS	35	M	70	180	FT	VD	A+ve	15.6	234	SDP	6.5	MCS+	82	370	2890	265	3.4		
1033.	1178	8.9.18	MK	34	M	75	170	FT	RD	O+ve	16.1	247	SDP	6.4	TRIMA	40	195	2138	215	3		
1034.	1179	8.9.18	JA	32	M	75	164	FT	VD	B+ve	14	257	SDP	6	TRIMA	43	187	2045	215	3		
1035.	1181	9.9.18	JS	24	M	60	167	FT	VD	A+ve	14.2	200	SDP	7.6	MCS+	90	369	2966	270	3		
1036.	1182	9.9.18	AK	35	M	78	167	R	VD	B+ve	16.7	248	SDP	7.1	TRIMA	44	191	2110	214	3		
1037.	1183	9.9.18	GS	50	M	72	168	FT	RD	B+ve	15.3	273	SDP	6	MCS+	70	324	2585	250	3.2		
1038.	1185	9.9.18	GS	19	M	75	166	FT	VD	O-ve	14.5	287	SDP	6	MCS+	68	315	2578	270	3		
1039.	1186	10.9.18	RK	27	M	71	170	FT	VD	B+ve	13.2	317	SDP	6.6	MCS+	72	287	2250	215	3.2		
1040.	1187	10.9.18	DA	34	M	97	177	FT	VD	B+ve	14.3	458	SDP	6.5	MCS+	76	320	2750	278	5.8		
1041.	1188	10.9.18	HS	41	M	68	170	FT	RD	B+ve	14.5	190	SDP	6.2	MCS+	102	418	3363	315	3		
1042.	1189	10.9.18	VI	25	M	75	170	FT	VD	O+ve	15	194	Plasma Pheresis	6	MCS+	57	200	1700	500	-		
1043.	1190	10.9.18	AM	34	M	75	167	FT	VD	O+ve	15.1	216	Plasma pheresis	6	MCS+	60	195	1900	500	-		
1044.	1191	10.9.18	VA	30	M	73	170	FT	VD	O-ve	14.4	338	SDP	6.8	MCS+	80	352	2790	330	5.1		
1045.	1192	10.9.18	HS	40	M	72	168	FT	RD	O+ve	14.3	208	SDP	6.8	MCS+	90	369	2966	270	3		
1046.	1193	10.9.18	JS	33	M	70	170	FT	VD	O+ve	15.3	433	SDP	6	MCS+	65	321	2487	280	4.5		
1047.	1194	10.9.18	AS	23	M	80	172	FT	VD	B+ve	16.4	229	SDP	6	MCS+	81	366	2887	263	3.4		
1048.	1195	10.9.18	HS	23	M	78	182	FT	VD	B+ve	15	317	SDP	6	MCS+	72	287	2250	215	3.2		
1049.	1196	10.9.18	SF	25	M	96	158	FT	VD	B+ve	16	303	SDP	6	TRIMA	38	177	1803	214	3		
1050.	1197	10.9.18	GA	34	M	75	165	FT	VD	O+ve	13.4	264	SDP	7.3	MCS+	73	330	2678	250	3.4		
1051.	1198	10.9.18	SS	24	M	60	170	FT	VD	A+ve	16.5	230	SDP	6	MCS+	82	370	2890	265	3.4		
1052.	1199	11.9.18	SK	30	M	80	165	R	VD	A+ve	15.3	315	SDP	6	MCS+	65	310	2440	273	3.5		
1053.	1200	11.9.18	RS	22	M	70	168	R	RD	B+ve	14.9	312	SDP	6	MCS+	72	287	2250	215	3.2	Discarded	
1054.	1201	11.9.18	AK	25	M	92	168	FT	VD	A+ve	15.7	250	SDP	7.6	MCS+	72	330	2630	282	3		
1055.	1202	11.9.18	NA	37	M	70	167	FT	RD	B+ve	15.4	285	SDP	6	MCS+	68	315	2578	270	3		
1056.	1203	11.9.18	RS	30	M	73	175	R	VD	O+ve	13.8	196	SDP	6	MCS+	87	367	2964	268	3		
1057.	1204	11.9.18	VR	28	M	78	170	FT	VD	B+ve	15.4	255	SDP	6	MCS+	73	329	2710	258	3.5		
1058.	1205	11.9.18	KS	40	M	90	170	FT	RD	A+ve	15.1	331	SDP	6	MCS+	80	352	2790	330	5.1		
1059.	1206	11.9.18	DS	33	M	73	170	FT	VD	A+ve	14.2	275	SDP	6	MCS+	82	370	2990	270	3.8		
1060.	1207	11.9.18	IS	38	M	74	170	FT	RD	B+ve	14.4	279	SDP	7.6	MCS+	68	315	2578	270	3		
1061.	1208	11.9.18	PS	39	M	84	170	R	RD	B+ve	14	327	SDP	7.3	MCS+	80	350	2710	290	4.8	Discarded	
1062.	1209	13.9.18	JS	43	M	80	164	R	RD	O+ve	14.1	269	SDP	7.4	TRIMA	59	230	2556	286	4		
1063.	1210	13.9.18	MK	30	M	63	180	FT	VD	O+ve	16.1	278	SDP	6.5	TRIMA	65	228	2287	286	4		
1064.	1211	13.9.18	AK	42	M	88	170	R	VD	B+ve	15.8	295	SDP	6	MCS+	80	360	2840	260	4.2		
1065.	1212	13.9.18	SS	36	M	76	175	FT	RD	B+ve	14.6	212	SDP	6	MCS+	90	369	2966	270	3		
1066.	1213	13.9.18	KB	25	M	75	172	FT	VD	B+ve	15.7	274	SDP	6.4	MCS+	70	324	2585	250	3.2		

Sr. No.	DP. No.	Date	Donor's Name & Address	Age	Sex	Weight (Kg)	Height (Cms)	First Time Donor/ Repeat Donor	Voluntary Donor/ Replacement Donor	Blood Group	Hb (g/dl)	Platelet Count (nX109/L)	Type of Procedure SDP/ Plasma Pheresis	TSP (g/dl)	Equipment TRIMA/ MCS+	Duration in min	Volume of Anticoagulant Used (ml)	Whole Blood Used (ml)	Volume (ml)	PLT YIELD (X1011/µl)	Discard	Adverse Event
1067.	1214	13.9.18	BS	20	M	61	170	FT	VD	A+ve	13.6	214	SDP	6.4	MCS+	90	369	2966	270	3		Vasovagal
1068.	1215	14.9.18	AM	23	M	69	175	R	RD	AB+ve	14.9	355	SDP	6.2	MCS+	74	321	2487	240	3.6	Discarded	
1069.	1216	14.9.18	PS	28	M	65	165	FT	VD	O+ve	14.2	292	SDP	6	MCS+	69	334	2540	220	3.2		
1070.	1217	14.9.18	HA	32	M	70	165	R	VD	O+ve	15.7	302	SDP	6	MCS+	74	356	2673	240	3.6		
1071.	1218	14.9.18	KS	29	M	70	175	FT	VD	A+ve	15.5	246	SDP	6	MCS+	74	370	2830	280	3		Citrate Toxicity
1072.	1219	14.9.18	SS	51	M	75	170	R	VD	O+ve	13.9	329	SDP	6	MCS+	64	360	2464	270	3.8		
1073.	1220	14.9.18	SS	45	M	70	170	FT	VD	B+ve	15.5	246	SDP	7.1	MCS+	74	370	2830	280	3		
1074.	1221	14.9.18	SS	35	M	84	177	FT	RD	B+ve	17.1	322	SDP	6.5	MCS+	78	340	2640	265	4.1		
1075.	1222	14.9.18	BS	37	M	63	176	FT	VD	B+ve	15.1	211	SDP	6	MCS+	90	369	2966	270	3		
1076.	1223	14.9.18	SS	28	M	80	170	FT	VD	O+ve	15	300	SDP	6	MCS+	74	356	2673	240	3.6		
1077.	1224	14.9.18	RS	36	M	80	170	FT	VD	B+ve	14.8	203	SDP	6.4	MCS+	90	369	2966	270	3		
1078.	1225	14.9.18	SS	51	M	68	172	R	VD	O+ve	14.9	211	SDP	6	MCS+	90	369	2966	270	3		
1079.	1226	14.9.18	VA	32	M	82	167	R	VD	B+ve	13.7	256	SDP	6.4	MCS+	73	329	2710	258	3.5		
1080.	1227	14.9.18	HA	22	M	64	165	FT	VD	A+ve	13.4	275	SDP	7.1	MCS+	82	370	2990	270	3.8		
1081.	1228	15.9.18	KR	54	M	70	170	R	VD	O+ve	15	279	SDP	6	MCS+	68	315	2578	270	3		
1082.	1229	15.9.18	JK	47	M	70	180	R	RD	B+ve	14	232	SDP	6	TRIMA	59	244	2748	286	4		
1083.	1230	15.9.18	GS	24	M	75	170	FT	VD	O+ve	13.7	273	SDP	6.6	TRIMA	59	230	2556	286	4		
1084.	1231	15.9.18	HG	28	M	62	170	FT	VD	B+ve	13.8	213	SDP	6.5	MCS+	90	369	2966	270	3		
1085.	1232	15.9.18	RS	45	M	80	165	R	VD	O+ve	14.9	217	SDP	6.2	MCS+	70	336	2665	260	3		
1086.	1233	15.9.18	ST	24	M	80	165	FT	VD	B+ve	15.7	239	SDP	6	MCS+	82	370	2890	265	3.4		
1087.	1235	15.9.18	CD	31	M	90	170	FT	VD	B+ve	13.9	231	SDP	6	MCS+	82	370	2890	265	3.4		
1088.	1236	15.9.18	NA	34	M	60	165	FT	VD	B+ve	13.4	252	SDP	6.8	MCS+	80	377	2856	270	4		
1089.	1237	15.9.18	MP	40	M	68	175	FT	VD	B+ve	15.6	224	SDP	6.8	MCS+	73	354	2876	240	3.1		
1090.	1238	16.9.18	AS	30	M	70	170	FT	VD	B+ve	15.9	321	SDP	6	MCS+	72	287	2250	215	3.2		
1091.	1239	16.9.18	MS	40	M	95	170	R	VD	B+ve	14.6	284	SDP	6	MCS+	68	315	2578	270	3		
1092.	1240	16.9.18	AS	26	M	62	177	FT	VD	B+ve	14.6	300	SDP	6	TRIMA	42	220	2239	248	5		
1093.	1241	16.9.18	AS	31	M	80	170	FT	VD	B+ve	15.5	351	SDP	6	MCS+	74	321	2487	240	3.6		
1094.	1242	16.9.18	VI	21	M	79	170	FT	RD	B+ve	15.6	308	SDP	7.3	MCS+	70	311	2434	275	3.6		
1095.	1243	16.9.18	PS	26	M	73	164	FT	VD	B+ve	15.9	258	SDP	6	MCS+	93	324	2765	271	3.5		
1096.	1244	16.9.18	AS	27	M	60	180	FT	VD	A+ve	15	220	SDP	6	MCS+	73	336	2665	290	3		
1097.	1245	16.9.18	NS	25	M	100	170	FT	VD	B+ve	16	253	SDP	6	MCS+	80	377	2856	270	4		
1098.	1246	16.9.18	PS	39	M	77	175	FT	VD	O+ve	14.4	272	SDP	7.6	MCS+	70	324	2585	250	3.2		
1099.	1247	17.9.18	GS	35	M	70	172	FT	RD	O+ve	16.4	241	SDP	6	TRIMA	50	240	2791	218	4		
1100.	1248	17.9.18	GR	28	M	70	170	FT	VD	B+ve	14.7	203	SDP	6	MCS+	90	369	2966	270	3		
1101.	1249	17.9.18	JS	42	M	70	175	FT	VD	B+ve	14.9	199	SDP	6.6	MCS+	90	369	2966	270	3		
1102.	1250	17.9.18	PJ	18	M	84	167	FT	RD	A+ve	15.9	334	SDP	6.5	MCS+	82	358	2693	330	4.8		
1103.	1251	17.9.18	SS	25	M	68	168	R	VD	O+ve	14.9	201	SDP	6.2	MCS+	90	369	2966	270	3		
1104.	1252	17.9.18	SU	44	M	75	172	R	RD	O+ve	12.6	307	SDP	6	MCS+	74	356	2673	240	3.6		
1105.	1253	17.9.18	VD	25	M	82	175	R	VD	A+ve	16.8	226	SDP	6	MCS+	81	366	2887	263	3.4		
1106.	1254	17.9.18	AN	26	M	60	180	FT	VD	B+ve	14.8	265	SDP	6.8	MCS+	53	286	2162	260	3		
1107.	1255	17.9.18	SR	38	M	70	170	R	RD	B+ve	13.2	245	SDP	6.8	MCS+	74	370	2830	280	3		
1108.	1256	17.9.18	HS	40	M	63	164	R	VD	B+ve	15.3	194	SDP	6	MCS+	102	418	3363	315	3		
1109.	1257	18.9.18	GS	28	M	66	170	FT	VD	A+ve	15	221	SDP	6	MCS+	73	336	2665	290	3		
1110.	1258	18.9.18	HA	28	M	72	170	FT	VD	A+ve	14.3	196	SDP	6	MCS+	87	367	2964	268	3		
1111.	1260	18.9.18	SH	29	M	80	175	FT	VD	B+ve	15.4	236	SDP	6	TRIMA	50	184	2046	214	3		
1112.	1262	18.9.18	JP	41	M	98	170	R	RD	B+ve	16.3	292	SDP	7.3	TRIMA	60	255	2335	308	4		Citrate Toxicity
1113.	1263	18.9.18	MA	23	M	82	180	FT	VD	O+ve	16.6	325	SDP	6	TRIMA	35	156	1723	214	3		
1114.	1264	18.9.18	VK	20	M	70	165	R	VD	O+ve	16.5	192	SDP	6	TRIMA	50	228	2477	213	3		
1115.	1265	18.9.18	PR	28	M	65	170	FT	VD	B+ve	13.5	258	SDP	6	MCS+	93	324	2765	271	3.5		
1116.	1266	18.9.18	GS	21	M	63	180	FT	RD	AB+ve	14	208	SDP	7.6	MCS+	90	369	2966	270	3		
1117.	1267	18.9.18	SS	21	M	70	162	FT	RD	AB+ve	14.5	351	SDP	6	MCS+	74	321	2487	240	3.6		
1118.	1268	19.9.18	SA	46	M	83	172	R	VD	A+ve	13.6	204	SDP	6	MCS+	90	369	2966	270	3		
1119.	1269	19.9.18	RP	28	M	60	170	FT	VD	B+ve	13.4	235	SDP	6	TRIMA	50	184	2046	214	3		
1120.	1270	19.9.18	DE	45	M	97	167	FT	VD	A+ve	14	302	SDP	6	MCS+	74	356	2673	240	3.6		
1121.	1271	19.9.18	PK	34	M	70	165	FT	VD	A+ve	15.9	277	SDP	6	MCS+	82	370	2990	270	3.8		
1122.	1272	19.9.18	AY	22	M	95	162	FT	VD	B+ve	15.7	239	SDP	6.4	TRIMA	50	184	2046	214	3		
1123.	1273	19.9.18	RO	29	M	70	175	FT	VD	O+ve	16.8	342	SDP	7.1	MCS+	126	450	3650	300	6		
1124.	1274	19.9.18	SR	47	M	78	170	R	RD	O+ve	17.8	307	SDP	6	MCS+	74	356	2673	240	3.6		
1125.	1275	19.9.18	SO	22	M	65	173	R	VD	O+ve	14	380	SDP	6	TRIMA	39	143	1618	215	3		
1126.	1276	19.9.18	MJ	29	M	70	165	FT	VD	B+ve	14.1	288	SDP	6.6	TRIMA	36	165	1848	214	3		
1127.	1277	19.9.18	RS	40	M	78	165	R	VD	O+ve	14	257	SDP	6.5	TRIMA	43	187	2045	215	3		
1128.	1278	19.9.18	VI	24	M	60	167	FT	VD	O+ve	14.4	211	SDP	6.2	MCS+	90	369	2966	270	3		
1129.	1279	20.9.18	MS	26	M	77	165	FT	VD	O+ve	13.5	225	SDP	6	MCS+	73	354	2876	240	3.1		
1130.	1280	20.9.18	HK	33	M	75	163	FT	VD	A+ve	13.7	267	SDP	6	MCS+	53	286	2162	260	3		
1131.	1281	20.9.18	RA	60	M	65	167	R	VD	O+ve	11.9	325	SDP	6.8	TRIMA	35	156	1723	214	3		
1132.	1282	20.9.18	AV	22	M	76	167	R	VD	B+ve	16.8	343	SDP	6.8	MCS+	74	321	2487	240	3.6		
1133.	1283	20.9.18	VK	27	M	70	168	FT	VD	A+ve	14.3	288	SDP	6	MCS+	68	315	2578	270	3		
1134.	1284	20.9.18	RS	54	M	62	166	R	VD	A+ve	11.7	257	SDP	7.1	MCS+	93	324	2765	271	3.5		
1135.	1285	20.9.18	RS	24	M	60	170	R	VD	AB+ve	14.3	252	SDP	6	MCS+	80	377	2856	270	4		
1136.	1286	20.9.18	GS	21	M	95	177	FT	RD	B+ve	14.7	320	SDP	6	MCS+	72	287	2250	215	3.2		
1137.	1287	20.9.18	HS	23	M	80	170	FT	VD	B+ve	16.5	307	SDP	7.3	MCS+	74	356	2673	240	3.6		
1138.	1288	20.9.18	AG	29	M	78	170	FT	RD	B+ve	15	290	SDP	6	MCS+	69	334	2540	220	3.2		
1139.	1289	20.9.18	MS	36	M	74	167	FT	VD	O+ve	14	343	SDP	6	MCS+	74	321	2487	240	3.6		
1140.	1290	20.9.18	SH	41	M	75	170	FT	RD	B+ve	14.1	289	SDP	6	MCS+	77	360	2840	270	4		
1141.	1291	20.9.18	BR	32	M	88	168	R	VD	A+ve	14.2	317	SDP	7.6	MCS+	72	287	2250	215	3.2		
1142.	1292	20.9.18	KE	24	M	60	170	R	VD	AB+ve	14.5	217	SDP	7.3	MCS+	70	336	2665	260	3		
1143.	1293	20.9.18	SS	35	M	84	172	FT	VD	O+ve	13	228	SDP	7.4	MCS+	81	366	2887	263	3.4		
1144.	1294	20.9.18	RS	30	M	85	182	FT	VD	O+ve	13.1	225	SDP	6.5	MCS+	73	354	2876	240	3.1		
1145.	1295	21.9.18	RS	53	M	60	158	R	VD	AB+ve	14	345	SDP	6	MCS+	74	321	2487	240	3.6		

Sr. No.	DP. No.	Date	Donor's Name & Address	Age	Sex	Weight (Kg)	Height (Cms)	First Time Donor/ Repeat Donor	Voluntary Donor/ Replacement Donor	Blood Group	Hb (g/dl)	Platelet Count (nX109/L)	Type of Procedure SDP/ Plasma Pheresis	TSP (g/dl)	Equipment TRIMA/ MCS+	Duration in min	Volume of Anticoa gulant Used (ml)	Whole Blood Used (ml)	Volume (ml)	PLT YIELD (X1011/µl)	Discard	Adverse Event
1146.	1296	21.9.18	GS	46	M	80	165	R	RD	O+ve	13.9	227	SDP	6	TRIMA	60	208	2272	215	3		
1147.	1297	21.9.18	AK	31	M	70	170	FT	VD	O+ve	15.8	256	SDP	6.4	TRIMA	43	187	2045	215	3		
1148.	1298	21.9.18	MS	22	M	70	165	R	VD	A+ve	14.4	337	SDP	6	MCS+	80	352	2790	330	5.1		
1149.	1299	21.9.18	AK	33	M	70	168	R	VD	O+ve	14.5	296	SDP	6.2	TRIMA	60	255	2335	308	4		
1150.	1300	21.9.18	RA	40	M	68	168	R	RD	O+ve	15.2	367	SDP	6	TRIMA	39	143	1618	215	3		
1151.	1301	21.9.18	NG	26	M	88	167	FT	VD	B+ve	16	285	SDP	6	TRIMA	54	209	2385	288	4		
1152.	1302	21.9.18	MA	23	M	62	175	FT	VD	AB+ve	14.1	269	SDP	6	MCS+	73	315	2729	265	3.5		
1153.	1303	21.9.18	LS	27	M	82	170	R	VD	O+ve	13.4	239	SDP	6	MCS+	82	370	2890	265	3.4		
1154.	1304	21.9.18	RO	25	M	70	170	R	VD	AB+ve	14	268	SDP	7.1	MCS+	53	286	2162	260	3		
1155.	1305	21.9.18	AS	36	M	84	170	R	VD	A+ve	15	381	SDP	6.5	MCS+	75	341	2664	250	5.1		
1156.	1306	22.9.18	G	24	M	68	170	R	VD	O+ve	15.2	296	SDP	6	MCS+	80	360	2840	260	4.2		
1157.	1307	22.9.18	JS	20	M	80	170	R	RD	B+ve	13.7	377	SDP	6	MCS+	114	475	3364	401	5.5		
1158.	1310	22.9.18	JS	28	M	62	164	R	RD	A-ve	15.2	400	SDP	6.4	MCS+	65	321	2487	280	4.5		Extra Kit Machine Brake Down
1159.	1311	22.9.18	RK	31	M	72	180	R	RD	B+ve	15.1	304	SDP	6	MCS+	74	356	2673	240	3.6		
1160.	1312	22.9.18	1252	25	M	78	170	R	VD	A+ve	15.6	251	SDP	6.4	MCS+	72	330	2630	282	3		
1161.	1313	22.9.18	BA	20	M	96	175	R	RD	AB+ve	13.9	249	SDP	7.1	TRIMA	44	191	2110	214	3		
1162.	1314	22.9.18	AN	38	M	70	172	R	RD	A+ve	14.4	234	SDP	6	MCS+	82	370	2890	265	3.4		
1163.	1315	22.9.18	RS	32	M	68	170	R	VD	A+ve	14.5	237	SDP	6	MCS+	82	370	2890	265	3.4		
1164.	1316	22.9.18	GS	22	M	70	175	R	VD	AB+ve	15.1	206	SDP	6.6	MCS+	90	369	2966	270	3		
1165.	1317	22.9.18	VA	27	M	70	165	R	VD	B+ve	12.7	405	SDP	6.5	MCS+	59	379	2498	339	4.7		
1166.	1318	22.9.18	MS	28	M	60	165	FT	VD	B+ve	14.7	240	SDP	6.2	MCS+	82	370	2890	265	3.4		
1167.	1319	22.9.18	JD	31	M	68	175	R	RD	A+ve	16.1	288	SDP	6	MCS+	68	315	2578	270	3		
1168.	1320	22.9.18	KS	42	M	95	170	R	VD	A-ve	12.9	258	SDP	6	MCS+	93	324	2765	271	3.5		
1169.	1322	22.9.18	MS	29	M	60	170	FT	RD	A+ve	14.4	315	SDP	6.8	MCS+	65	310	2440	273	3.5		
1170.	1323	22.9.18	KS	23	M	68	177	FT	VD	AB+ve	16	327	SDP	6.8	MCS+	80	350	2710	290	4.8		
1171.	1324	22.9.18	PS	27	M	65	176	R	VD	O+ve	13.7	302	SDP	6	MCS+	74	356	2673	240	3.6		
1172.	1325	22.9.18	VK	22	M	78	170	R	VD	B+ve	14.3	303	SDP	6	MCS+	74	356	2673	240	3.6		
1173.	1326	22.9.18	AM	21	M	82	170	R	RD	AB+ve	15.4	391	SDP	6	MCS+	115	480	3456	373	7		
1174.	1327	22.9.18	AM	21	M	80	172	R	RD	AB+ve	15	358	SDP	6	MCS+	74	321	2487	240	3.6		
1175.	1328	22.9.18	KA	28	M	66	167	FT	VD	O+ve	14.6	241	SDP	7.3	TRIMA	50	240	2791	218	4		
1176.	1329	22.9.18	RI	18	M	84	165	FT	RD	B+ve	15.8	240	SDP	6	MCS+	82	370	2890	265	3.4		
1177.	1330	22.9.18	AS	29	M	72	170	R	RD	A+ve	15.1	213	SDP	6	MCS+	90	369	2966	270	3		
1178.	1331	24.9.18	NK	31	M	72	180	R	RD	B+ve	15.1	241	SDP	6	MCS+	82	370	2890	265	3.4		Vascular Injury
1179.	1332	24.9.18	GS	25	M	75	170	R	RD	O+ve	17.2	282	SDP	7.6	MCS+	68	315	2578	270	3		
1180.	1333	24.9.18	SH	18	M	74	170	FT	RD	B+ve	15.1	241	SDP	6	MCS+	82	370	2890	265	3.4		
1181.	1334	24.9.18	SS	19	M	78	165	FT	VD	B+ve	15.8	282	SDP	6	TRIMA	47	214	2427	285	4		
1182.	1336	24.9.18	GS	21	M	70	165	R	RD	A+ve	13.8	203	SDP	6	MCS+	90	369	2966	270	3		
1183.	1337	24.9.18	RSS	26	M	63	170	FT	VD	B+ve	13.6	231	SDP	6	MCS+	82	370	2890	265	3.4		
1184.	1338	24.9.18	LO	29	M	63	165	R	RD	O+ve	16.5	324	SDP	6	MCS+	80	350	2710	290	4.8		
1185.	1339	24.9.18	NS	27	M	72	175	R	VD	A+ve	14.9	231	SDP	6	MCS+	82	370	2890	265	3.4		
1186.	1340	24.9.18	AS	27	M	80	170	FT	VD	B+ve	16.4	223	SDP	6	MCS+	73	354	2876	240	3.1		
1187.	1341	24.9.18	GS	29	M	65	170	R	RD	O+ve	15.7	340	SDP	6	TRIMA	58	160	1890	286	4		
1188.	1342	24.9.18	PS	30	M	74	177	FT	VD	O+ve	15.2	278	SDP	6	MCS+	68	315	2578	270	3		
1189.	1343	25.9.18	VV	42	M	72	170	R	VD	A+ve	14.8	253	SDP	6	TRIMA	44	195	2095	215	3		
1190.	1345	25.9.18	NS	30	M	84	170	FT	VD	B+ve	15.6	254	SDP	6	MCS+	80	377	2856	270	4		
1191.	1346	25.9.18	SA	24	M	74	164	R	VD	O+ve	14.7	315	SDP	6	MCS+	65	310	2440	273	3.5		
1192.	1347	25.9.18	KR	26	M	74	180	R	RD	O+ve	15.6	220	SDP	6	TRIMA	51	221	2369	216	3		Vasovagal
1193.	1348	25.9.18	DK	25	M	75	170	R	RD	B+ve	13.2	296	SDP	6	MCS+	80	360	2840	260	4.2		
1194.	1350	25.9.18	RK	36	M	62	175	R	VD	O+ve	16.5	283	SDP	6	MCS+	68	315	2578	270	3		
1195.	1351	25.9.18	PA	18	M	77	172	FT	RD	O+ve	14.9	349	SDP	7.3	MCS+	74	321	2487	240	3.6		
1196.	1353	26.9.18	VS	33	M	83	170	R	VD	O-ve	15	240	SDP	6	TRIMA	50	240	2791	218	4		
1197.	1354	26.9.18	GS	42	M	68	175	R	RD	B+ve	16.9	426	SDP	6	TRIMA	39	143	1618	215	3		
1198.	1355	26.9.18	RS	30	M	70	167	FT	RD	AB+ve	15.9	210	SDP	6	TRIMA	60	232	2520	214	3		Citrate Toxicity
1199.	1356	26.9.18	PI	22	M	72	168	R	VD	B+ve	13.7	307	SDP	7.6	TRIMA	38	177	1803	214	3		
1200.	1357	26.9.18	SS	28	M	83	172	R	VD	B+ve	12.1	247	SDP	7.3	MCS+	74	370	2830	280	3		
1201.	1358	26.9.18	RA	22	M	80	175	FT	VD	B+ve	16.5	290	SDP	7.4	MCS+	77	360	2840	270	4		
1202.	1359	26.9.18	DA	48	M	75	180	FT	RD	B+ve	12.3	332	SDP	6.5	MCS+	82	358	2693	330	4.8		
1203.	1360	26.9.18	VI	24	M	84	170	R	VD	O+ve	15.6	254	SDP	6	MCS+	80	377	2856	270	4		
1204.	1361	26.9.18	BS	48	M	65	164	R	RD	O+ve	13.7	415	SDP	6	MCS+	65	321	2487	280	4.5		
1205.	1362	27.9.18	AS	38	M	75	180	R	RD	B+ve	14.8	255	SDP	6.4	MCS+	73	329	2710	258	3.5		
1206.	1363	27.9.18	RK	42	M	62	170	R	RD	O+ve	13.7	290	SDP	6.4	TRIMA	60	255	2335	308	4		
1207.	1364	27.9.18	PK	33	M	60	175	R	VD	B+ve	12.2	303	SDP	6.2	TRIMA	38	177	1803	214	3		
1208.	1365	27.9.18	TA	33	M	60	172	R	VD	A+ve	13.9	319	SDP	6	MCS+	72	287	2250	215	3.2		
1209.	1366	27.9.18	PK	32	M	62	170	R	VD	O+ve	15	312	SDP	6	MCS+	65	310	2440	273	3.5		
1210.	1367	27.9.18	GS	28	M	78	175	R	VD	B+ve	15.2	266	SDP	6	MCS+	53	286	2162	260	3		
1211.	1368	27.9.18	AV	30	M	70	167	FT	VD	A+ve	13.5	284	SDP	6	MCS+	68	315	2578	270	3		
1212.	1369	28.9.18	SA	41	M	75	168	FT	VD	O+ve	16.8	218	SDP	7.1	MCS+	70	336	2665	260	3		
1213.	1370	28.9.18	SS	36	M	90	172	R	VD	A+ve	12.2	218	SDP	6.5	MCS+	70	336	2665	260	3		
1214.	1372	28.9.18	HK	21	F	62	175	R	RD	O+ve	12.3	451	SDP	6	TRIMA	77	209	2681	501	7		
1215.	1373	28.9.18	SSDS	28	M	75	180	R	RD	B+ve	15.2	330	SDP	6	MCS+	78	322	2497	256	4		
1216.	1374	28.9.18	MS	32	M	71	154	R	VD	B+ve	15.1	270	SDP	6.4	MCS+	78	380	2880	250	3.7		
1217.	1375	28.9.18	MS	30	M	69	170	FT	VD	A+ve	15	286	SDP	6	TRIMA	36	165	1848	214	3		
1218.	1376	28.9.18	JS	30	M	65	172	FT	VD	B+ve	14.7	296	SDP	6.4	TRIMA	60	255	2335	308	4		
1219.	1377	28.9.18	MS	39	M	75	170	R	RD	B+ve	13.7	307	SDP	7.1	TRIMA	38	177	1803	214	3	Discarded	
1220.	1378	28.9.18	HS	30	M	80	170	FT	VD	B+ve	15.3	251	SDP	6	MCS+	72	330	2630	282	3		
1221.	1379	28.9.18	1348	40	M	94	180	R	RD	O+ve	13.3	241	SDP	6	MCS+	82	370	2890	265	3.4		
1222.	1380	28.9.18	DA	27	M	84	167	R	RD	B+ve	14.7	199	SDP	6.6	MCS+	90	369	2966	270	3		Citrate Toxicity

Sr. No.	DP. No.	Date	Donor's Name & Address	Age	Sex	Weight (Kg)	Height (Cms)	First Time Donor/ Repeat Donor	Voluntary Donor/ Replacement Donor	Blood Group	Hb (g/dl)	Platelet Count (nX109/L)	Type of Procedure SDP/ Plasma Pheresis	TSP (g/dl)	Equipment TRIMA/ MCS+	Duration in min	Volume of Anticoa gulant Used (ml)	Whole Blood Used (ml)	Volume (ml)	PLT YIELD (X1011/µl)	Discard	Adverse Event
1223.	1381	28.9.18	MA	21	M	80	180	R	RD	B+ve	13.9	390	SDP	6.5	MCS+	115	480	3456	373	7		
1224.	1382	28.9.18	SM	37	M	62	169	FT	VD	B+ve	15.7	298	SDP	6.2	MCS+	74	356	2673	240	3.6		
1225.	1383	28.9.18	JB	49	M	68	176	R	RD	B+ve	14.5	221	SDP	6	MCS+	73	336	2665	290	3	Discarded	
1226.	1384	28.9.18	RA	18	M	70	180	FT	VD	O+ve	15.8	268	SDP	6	MCS+	53	286	2162	260	3		
1227.	1385	28.9.18	JB	27	M	73	180	FT	VD	O+ve	14.5	263	SDP	6.8	MCS+	93	324	2765	271	3.5		
1228.	1386	28.9.18	RA	35	M	84	167	FT	VD	B+ve	15.7	199	SDP	6.8	MCS+	90	369	2966	270	3		
1229.	1387	29.9.18	PS	30	M	70	168	FT	VD	O+ve	14.8	321	SDP	6	MCS+	72	287	2250	215	3.2		
1230.	1389	29.9.18	AS	25	M	68	172	R	RD	B+ve	15.6	276	SDP	6	MCS+	82	370	2990	270	3.8		
1231.	1390	29.9.18	AS	23	M	90	175	FT	VD	O+ve	15.4	221	SDP	6	TRIMA	51	221	2369	216	3		
1232.	1391	29.9.18	KS	44	M	68	180	FT	VD	B+ve	14.3	241	SDP	6	TRIMA	50	240	2791	218	4		
1233.	1392	29.9.18	RJ	36	M	75	154	FT	VD	A-ve	12.6	215	SDP	7.3	TRIMA	51	221	2369	216	3		
1234.	1393	29.9.18	OS	32	M	68	170	R	VD	O+ve	16.2	261	SDP	6	TRIMA	43	187	2045	215	3		
1235.	1394	29.9.18	AS	24	M	72	172	R	VD	O+ve	14.2	326	SDP	6	TRIMA	35	156	1723	214	3		
1236.	1395	29.9.18	BS	37	M	75	170	FT	VD	O+ve	14.5	232	SDP	6	TRIMA	59	244	2748	286	4		
1237.	1396	29.9.18	AJ	22	M	80	170	FT	VD	O+ve	16.5	215	SDP	7.6	MCS+	70	336	2665	260	3		
1238.	1397	29.9.18	KA	23	M	78	180	FT	VD	A+ve	12.4	232	SDP	6	MCS+	82	370	2890	265	3.4		
1239.	1398	29.9.18	NA	30	M	80	167	FT	VD	B+ve	15.5	382	SDP	6	MCS+	75	341	2664	250	5.1		
1240.	1399	29.9.18	JS	30	M	62	180	FT	VD	A+ve	13.7	270	SDP	6	MCS+	78	380	2880	250	3.7		
1241.	1400	30.9.18	AA	30	M	70	169	FT	VD	B+ve	14.7	246	SDP	6	TRIMA	50	193	2089	214	3		
1242.	1401	30.9.18	NI	28	M	69	176	R	RD	O+ve	15	283	SDP	6	MCS+	68	315	2578	270	3		
1243.	1402	30.9.18	KS	22	M	78	180	R	VD	O+ve	14.6	197	SDP	7.6	MCS+	87	367	2964	268	3		
1244.	1403	30.9.18	AM	29	M	85	165	R	VD	B+ve	15.4	200	SDP	7.3	MCS+	90	369	2966	270	3		
1245.	1404	30.9.18	DS	35	M	88	165	FT	VD	B+ve	12.2	282	SDP	7.4	TRIMA	47	214	2427	285	4		
1246.	1406	30.9.18	JP	41	M	66	170	FT	VD	B+ve	15.9	247	SDP	6.5	MCS+	74	370	2830	280	3		
1247.	1407	30.9.18	KS	33	M	66	165	FT	VD	B+ve	16.3	192	SDP	6	TRIMA	50	228	2477	213	3		
1248.	1408	30.9.18	GS	28	M	63	175	R	RD	B+ve	12.6	231	SDP	6	TRIMA	59	244	2748	286	4		
1249.	1409	30.9.18	NS	29	M	65	170	FT	VD	B+ve	14.5	177	SDP	6.4	TRIMA	54	254	2725	214	3		
1250.	1410	30.9.18	RP	30	M	63	170	FT	VD	A+ve	16	215	SDP	6.4	TRIMA	51	221	2369	216	3		
1251.	1411	30.9.18	SH	35	M	72	177	FT	RD	O+ve	15.5	278	SDP	6.2	TRIMA	65	228	2287	286	4		Citrate Toxicity
1252.	1412	30.9.18	KS	21	M	65	170	R	VD	O+ve	15.1	274	SDP	6	MCS+	70	324	2585	250	3.2		
1253.	1413	30.9.18	AS	43	M	70	170	R	RD	B+ve	12	266	SDP	6	MCS+	53	286	2162	260	3		
1254.	1414	30.9.18	MS	35	M	77	164	FT	VD	A+ve	14.6	200	SDP	6	MCS+	90	369	2966	270	3		
1255.	1415	1.10.18	RS	23	M	65	180	FT	VD	O+ve	14.7	282	SDP	6	TRIMA	47	214	2427	285	4		
1256.	1416	1.10.18	KA	23	M	78	170	FT	VD	O+ve	16.3	270	SDP	7.1	TRIMA	59	230	2556	286	4		
1257.	1417	1.10.18	SE	24	M	80	175	R	RD	B+ve	15.9	386	SDP	6.5	TRIMA	39	143	1618	215	3		
1258.	1418	1.10.18	GK	26	M	78	172	FT	VD	AB-ve	13.6	166	SDP	6	TRIMA	65	261	2755	214	3		
1259.	1419	1.10.18	AA	35	M	84	170	FT	VD	A+ve	15.9	204	SDP	6	TRIMA	55	234	2499	214	3		
1260.	1420	1.10.18	AS	22	M	62	175	R	VD	A+ve	15.2	208	SDP	6.4	MCS+	90	369	2966	270	3		
1261.	1421	1.10.18	PA	43	M	97	167	R	RD	A+ve	14.3	381	SDP	6	MCS+	75	341	2664	250	5.1		
1262.	1422	1.10.18	SK	29	M	64	170	FT	VD	O+ve	15.2	213	SDP	6.4	TRIMA	51	221	2369	216	3		
1263.	1423	1.10.18	VA	22	M	79	170	R	RD	B+ve	15.7	290	SDP	7.1	MCS+	77	360	2840	270	4		Citrate Toxicity
1264.	1425	1.10.18	MA	32	M	80	175	FT	VD	B+ve	14.3	197	SDP	6	MCS+	87	367	2964	268	3		
1265.	1426	1.10.18	MR	34	M	63	170	R	VD	B-ve	15.1	335	SDP	6	MCS+	80	352	2790	330	5.1		
1266.	1427	1.10.18	PS	28	M	98	180	R	RD	A+ve	15.4	221	SDP	6.6	MCS+	73	336	2665	290	3		
1267.	1428	1.10.18	NR	35	M	70	165	FT	VD	B+ve	14.6	296	SDP	6.5	MCS+	80	360	2840	260	4.2		
1268.	1429	2.10.18	G	28	M	70	170	R	RD	O+ve	16.3	229	SDP	6.2	MCS+	81	366	2887	263	3.4		
1269.	1430	2.10.18	DG	47	M	62	180	R	VD	O+ve	14.6	318	SDP	6	MCS+	72	287	2250	215	3.2		
1270.	1431	2.10.18	DE	34	M	65	162	R	VD	O+ve	15.5	260	SDP	6	MCS+	93	324	2765	271	3.5		
1271.	1432	2.10.18	BG	25	M	68	172	R	RD	O+ve	14.7	270	SDP	6.8	MCS+	78	380	2880	250	3.7		
1272.	1433	2.10.18	KS	30	M	88	170	R	VD	O+ve	14.7	197	SDP	6.8	TRIMA	50	228	2477	213	3		Vasovagal
1273.	1434	2.10.18	HS	25	M	75	167	R	RD	O+ve	16.4	305	SDP	6	MCS+	74	356	2673	240	3.6		
1274.	1435	2.10.18	SK	29	M	62	165	R	RD	O+ve	15.4	289	SDP	6	MCS+	77	360	2840	270	4	Discarded	
1275.	1436	2.10.18	IS	33	M	60	162	FT	VD	O+ve	14.9	276	SDP	6	MCS+	82	370	2990	270	3.8		
1276.	1437	2.10.18	SO	65	M	84	175	R	VD	B+ve	15.5	291	SDP	6	MCS+	77	360	2840	270	4		
1277.	1438	2.10.18	BS	28	M	84	170	R	VD	B+ve	14.4	275	SDP	7.3	MCS+	82	370	2990	270	3.8		
1278.	1439	2.10.18	NA	44	M	75	173	FT	RD	O+ve	13.7	201	Plasma Pheresis	6	MCS+	48	185	2000	500	-		
1279.	1440	2.10.18	GM	19	M	68	165	FT	VD	B+ve	14.9	247	SDP	6	MCS+	74	370	2830	280	3		
1280.	1441	2.10.18	AS	21	M	65	165	R	RD	O+ve	15.3	200	SDP	6	MCS+	90	369	2966	270	3		Vasovagal
1281.	1442	2.10.18	GS	33	M	60	167	FT	VD	O-ve	13	344	SDP	7.6	MCS+	74	321	2487	240	3.6		
1282.	1443	2.10.18	SA	19	M	60	165	FT	RD	AB+ve	15.6	261	SDP	6	MCS+	93	324	2765	271	3.5		
1283.	1444	2.10.18	SS	21	M	66	163	R	VD	AB+ve	14.5	321	SDP	6	MCS+	72	287	2250	215	3.2		
1284.	1445	3.10.18	PK	22	M	73	167	R	VD	B+ve	16	380	SDP	6.6	MCS+	75	341	2664	250	5.1		
1285.	1446	3.10.18	BH	25	M	62	167	R	VD	B+ve	15.6	203	SDP	6.5	MCS+	90	369	2966	270	3		
1286.	1447	3.10.18	RM	31	M	88	168	R	RD	B+ve	15.4	219	SDP	6.2	MCS+	73	336	2665	290	3		
1287.	1448	3.10.18	MK	29	M	84	166	R	RD	B+ve	15.9	195	SDP	6	TRIMA	50	228	2477	213	3		
1288.	1449	3.10.18	HS	32	M	80	170	FT	VD	B-ve	15.5	279	SDP	6	MCS+	68	315	2578	270	3		
1289.	1451	3.10.18	BS	51	M	74	177	R	VD	O+ve	13.7	271	SDP	6.8	MCS+	78	380	2880	250	3.7		
1290.	1452	3.10.18	VG	34	M	74	170	R	VD	O+ve	14.7	229	SDP	6.8	MCS+	81	366	2887	263	3.4		
1291.	1453	3.10.18	PK	40	M	65	170	FT	RD	A+ve	13.9	329	SDP	6	MCS+	64	360	2464	270	3.8		
1292.	1454	4.10.18	PS	26	M	68	167	FT	VD	O+ve	13.8	243	SDP	6	TRIMA	50	193	2089	214	3		
1293.	1455	4.10.18	VI	19	M	84	170	FT	VD	O+ve	15.1	218	SDP	6	MCS+	70	336	2665	260	3		Vasovagal
1294.	1456	4.10.18	PA	30	M	74	168	FT	VD	O+ve	15.2	293	SDP	6	MCS+	69	334	2540	220	3.2		
1295.	1457	4.10.18	ME	18	M	60	170	FT	VD	A-ve	14.9	288	SDP	7.3	MCS+	68	315	2578	270	3		
1296.	1458	4.10.18	PS	26	M	80	172	FT	VD	A+ve	14.5	258	SDP	6	TRIMA	43	187	2045	215	3		
1297.	1459	4.10.18	PU	20	M	74	182	R	VD	A+ve	13.6	213	SDP	6	MCS+	90	369	2966	270	3		
1298.	1460	4.10.18	DS	38	M	100	158	R	RD	O+ve	13.5	260	SDP	6	MCS+	93	324	2765	271	3.5		
1299.	1461	4.10.18	SS	32	M	80	165	FT	VD	O+ve	13.3	379	SDP	7.6	MCS+	75	341	2664	250	5.1		
1300.	1462	4.10.18	LO	25	M	60	170	R	VD	A+ve	15.3	193	SDP	6	TRIMA	50	228	2477	213	3		

Sr. No.	DP. No.	Date	Donor's Name & Address	Age	Sex	Weight (Kg)	Height (Cms)	First Time Donor/ Repeat Donor	Voluntary Donor/ Replacement Donor	Blood Group	Hb (g/dl)	Platelet Count (nX109/L)	Type of Procedure SDP/ Plasma Pheresis	TSP (g/dl)	Equipment TRIMA/ MCS+	Duration in min	Volume of Anticoa gulant Used (ml)	Whole Blood Used (ml)	Volume (ml)	PLT YIELD (X1011/µl)	Discard	Adverse Event
1301.	1463	4.10.18	JS	45	M	85	165	R	VD	B+ve	15.5	224	SDP	6	MCS+	73	354	2876	240	3.1		
1302.	1464	4.10.18	PS	49	M	62	168	FT	VD	B+ve	14.4	206	SDP	6	MCS+	90	369	2966	270	3		
1303.	1465	4.10.18	AM	24	M	60	168	R	RD	B+ve	14.3	243	SDP	6.4	MCS+	72	350	2870	266	3.2		
1304.	1466	4.10.18	RA	31	M	70	167	R	RD	B+ve	15.4	343	SDP	6	MCS+	74	321	2487	240	3.6		
1305.	1467	4.10.18	NS	34	M	94	175	R	VD	A+ve	16.2	220	SDP	6.4	TRIMA	51	221	2369	216	3		
1306.	1468	4.10.18	SJ	33	M	68	170	FT	VD	A+ve	13.9	291	SDP	7.1	TRIMA	60	255	2335	308	4		
1307.	1469	4.10.18	SA	30	M	82	170	R	VD	B+ve	12.1	263	SDP	6	TRIMA	43	187	2045	215	3		
1308.	1470	4.10.18	CH	28	M	70	170	R	VD	AB+ve	16.7	236	SDP	6	TRIMA	50	184	2046	214	3		
1309.	1471	4.10.18	RK	44	M	63	170	FT	VD	B+ve	12.2	300	SDP	6.6	TRIMA	42	220	2239	248	5		
1310.	1472	4.10.18	RA	45	M	76	170	R	VD	B+ve	14	332	SDP	6.5	TRIMA	35	156	1723	214	3		
1311.	1473	5.10.18	G	34	M	65	164	R	VD	AB+ve	15.9	206	SDP	6.2	TRIMA	55	234	2499	214	3		
1312.	1474	5.10.18	BK	33	M	78	180	FT	VD	A+ve	14.7	235	SDP	6	TRIMA	50	184	2046	214	3		
1313.	1475	5.10.18	CK	35	M	78	170	R	VD	O+ve	14.4	229	SDP	6	MCS+	81	366	2887	263	3.4		
1314.	1476	5.10.18	NK	42	M	68	175	R	RD	A+ve	16.4	286	SDP	6.8	MCS+	68	315	2578	270	3		
1315.	1477	5.10.18	SH	23	M	76	172	R	RD	O+ve	16.1	214	SDP	6.8	MCS+	90	369	2966	270	3	Discarded	
1316.	1478	5.10.18	MS	30	M	80	170	R	VD	AB+ve	13.8	313	SDP	6	MCS+	65	310	2440	273	3.5		
1317.	1479	5.10.18	NP	24	M	75	175	R	RD	O+ve	14.8	289	SDP	6	MCS+	77	360	2840	270	4		
1318.	1480	5.10.18	AK	25	M	98	165	R	VD	O+ve	15.9	241	SDP	6	TRIMA	50	240	2791	218	4		
1319.	1481	5.10.18	RS	32	M	60	165	FT	VD	A+ve	14.5	287	SDP	6	TRIMA	36	165	1848	214	3		
1320.	1482	5.10.18	HS	22	M	75	175	R	VD	O+ve	13.7	290	SDP	7.3	MCS+	77	360	2840	270	4		
1321.	1483	5.10.18	NI	40	M	80	170	FT	VD	O+ve	13.6	211	SDP	6	MCS+	90	369	2966	270	3		
1322.	1484	5.10.18	AR	31	M	80	170	R	RD	A+ve	14.1	218	SDP	6	MCS+	70	336	2665	260	3		
1323.	1485	5.10.18	VB	30	M	94	177	R	VD	A+ve	14.5	278	SDP	6	MCS+	68	315	2578	270	3		
1324.	1486	6.10.18	P	25	M	68	170	R	VD	B+ve	14	205	SDP	7.6	TRIMA	55	234	2499	214	3		
1325.	1487	6.10.18	BB	30	M	65	170	R	VD	O+ve	15.2	202	SDP	7.3	TRIMA	70	246	2632	215	3		
1326.	1488	6.10.18	RS	48	M	72	164	R	RD	O+ve	14.6	237	SDP	7.4	MCS+	82	370	2890	265	3.4		
1327.	1489	6.10.18	JS	36	M	75	180	R	VD	AB+ve	15	276	SDP	6.5	TRIMA	59	230	2556	286	4		
1328.	1490	6.10.18	SK	26	M	60	170	R	VD	A+ve	14.9	271	SDP	6	TRIMA	59	230	2556	286	4		
1329.	1491	6.10.18	NS	23	M	70	175	FT	VD	O-ve	15.2	334	SDP	6	TRIMA	35	156	1723	214	3		
1330.	1492	6.10.18	VI	43	M	68	172	R	RD	O+ve	14.9	198	SDP	6.4	MCS+	87	367	2964	268	3		
1331.	1493	6.10.18	SS	28	M	74	170	R	VD	AB+ve	15.5	217	SDP	6.4	MCS+	70	336	2665	260	3		
1332.	1494	6.10.18	MA	43	M	70	175	R	RD	B+ve	14.7	288	SDP	6.2	TRIMA	36	165	1848	214	3		
1333.	1495	6.10.18	SA	27	M	70	167	FT	VD	O+ve	15.3	197	SDP	6	TRIMA	50	228	2477	213	3		
1334.	1496	6.10.18	NK	28	M	72	170	R	VD	B+ve	16.2	274	SDP	6	MCS+	70	324	2585	250	3.2		
1335.	1497	6.10.18	DS	30	M	70	170	R	VD	O+ve	14.8	294	SDP	6	MCS+	80	360	2840	260	4.2		
1336.	1498	6.10.18	GS	22	M	80	175	R	VD	A+ve	13.2	190	SDP	6	TRIMA	50	228	2477	213	3		
1337.	1499	6.10.18	MS	24	M	90	170	R	RD	A+ve	14.5	209	SDP	7.1	TRIMA	55	234	2499	214	3		
1338.	1500	6.10.18	GG	41	M	75	180	FT	VD	B+ve	13.6	457	SDP	6.5	MCS+	76	320	2750	278	5.8		
1339.	1501	6.10.18	RK	19	M	97	165	FT	RD	O+ve	15.2	282	SDP	6	MCS+	68	315	2578	270	3		
1340.	1502	6.10.18	RS	32	M	95	170	FT	VD	AB+ve	14.4	208	SDP	6	TRIMA	55	234	2499	214	3		
1341.	1503	6.10.18	GS	24	M	75	180	R	RD	O-ve	15	226	SDP	6.4	TRIMA	60	208	2272	215	3		
1342.	1504	6.10.18	SS	29	M	75	162	R	VD	B-ve	16.5	191	SDP	6	MCS+	102	418	3363	315	3		Citrate Toxicity
1343.	1505	6.10.18	RS	42	M	70	172	R	RD	B+ve	12.6	278	SDP	6.4	MCS+	68	315	2578	270	3		
1344.	1506	6.10.18	SS	24	M	88	170	R	RD	A+ve	16.3	248	SDP	7.1	MCS+	74	370	2830	280	3		
1345.	1507	6.10.18	SK	30	M	76	167	R	VD	O+ve	14.6	221	SDP	6	TRIMA	51	221	2369	216	3		
1346.	1508	6.10.18	MR	29	M	60	165	R	RD	O+ve	13.6	185	SDP	6	TRIMA	61	283	2870	214	3		
1347.	1509	6.10.18	PR	27	M	60	162	R	RD	B+ve	13	201	SDP	6.6	TRIMA	70	246	2632	215	3		
1348.	1510	6.10.18	GS	30	M	78	175	R	VD	B+ve	15.4	353	SDP	6.5	TRIMA	39	143	1618	215	3		
1349.	1511	6.10.18	KS	28	M	65	170	R	VD	O+ve	14.4	294	SDP	6.2	TRIMA	60	255	2335	308	4		
1350.	1512	6.10.18	HK	46	M	73	173	R	RD	A+ve	13.7	265	SDP	6	TRIMA	58	249	2224	239	3		
1351.	1513	6.10.18	AU	26	M	71	165	R	VD	A+ve	14.8	235	SDP	6	TRIMA	50	184	2046	214	3		
1352.	1514	6.10.18	KL	28	M	96	165	FT	RD	AB+ve	14.6	202	SDP	6.8	TRIMA	70	246	2632	215	3		Citrate Toxicity
1353.	1515	7.10.18	VS	25	M	60	167	R	VD	A+ve	15.1	375	SDP	6.8	TRIMA	39	143	1618	215	3		
1354.	1516	7.10.18	RK	37	M	83	165	FT	RD	B+ve	15.2	190	SDP	6	TRIMA	50	228	2477	213	3		Vasovagal
1355.	1517	7.10.18	PS	37	M	70	163	R	VD	A+ve	13.4	217	SDP	6	TRIMA	51	221	2369	216	3		
1356.	1518	7.10.18	VI	30	M	60	167	R	VD	AB+ve	15.3	237	SDP	6	MCS+	82	370	2890	265	3.4		
1357.	1519	7.10.18	RV	44	M	80	167	R	VD	O+ve	15.5	226	SDP	6	MCS+	81	366	2887	263	3.4		
1358.	1521	7.10.18	RS	31	M	84	168	R	VD	B+ve	14.3	401	SDP	7.3	MCS+	67	280	2445	330	5.6		
1359.	1522	7.10.18	PS	37	M	70	166	R	VD	A+ve	11.5	242	SDP	6	MCS+	80	377	2856	273	4.1		
1360.	1523	7.10.18	RS	30	M	70	170	R	VD	O+ve	13.9	281	SDP	6	MCS+	68	315	2578	270	3		
1361.	1524	7.10.18	SS	30	M	70	177	R	VD	AB+ve	14.5	248	SDP	6	MCS+	74	370	2830	280	3		
1362.	1525	7.10.18	VI	36	M	75	170	R	VD	A-ve	14.6	268	SDP	7.6	MCS+	53	286	2162	260	3		
1363.	1526	7.10.18	RK	46	M	76	170	R	RD	B+ve	14.1	254	SDP	6	MCS+	80	377	2856	270	4		
1364.	1527	7.10.18	SK	42	M	70	167	R	RD	O+ve	15.5	258	SDP	6	MCS+	93	324	2765	271	3.5		
1365.	1528	7.10.18	PS	25	M	70	170	R	VD	A+ve	14.9	284	SDP	6	MCS+	68	315	2578	270	3		
1366.	1529	7.10.18	MS	23	M	85	168	R	RD	B+ve	16.9	272	SDP	7.3	MCS+	70	324	2585	250	3.2		
1367.	1530	7.10.18	KK	43	M	62	170	FT	VD	O+ve	14.5	178	SDP	7.3	TRIMA	54	254	2725	214	3		Citrate Toxicity
1368.	1531	7.10.18	LS	26	M	61	172	FT	VD	A+ve	16.1	330	SDP	6	TRIMA	35	156	1723	214	3		
1369.	1532	7.10.18	YB	25	M	72	182	R	VD	AB-ve	14.4	251	SDP	6	TRIMA	44	191	2110	214	3		
1370.	1533	7.10.18	RM	50	M	60	158	R	VD	O+ve	14.1	202	SDP	6	TRIMA	70	246	2632	215	3		Vasovagal
1371.	1534	7.10.18	GS	35	M	84	165	R	VD	A+ve	14.1	222	SDP	6	TRIMA	51	221	2369	216	3		
1372.	1535	7.10.18	JS	29	M	65	170	R	RD	B+ve	15.5	207	SDP	6.4	TRIMA	55	234	2499	214	3		
1373.	1536	7.10.18	PD	35	M	84	165	R	VD	B+ve	14.1	311	SDP	6.5	TRIMA	38	177	1803	214	3		
1374.	1537	7.10.18	JS	25	M	73	168	R	VD	O+ve	15.9	322	SDP	6	TRIMA	35	156	1723	214	3		
1375.	1538	7.10.18	DG	30	M	65	168	R	VD	O+ve	15.9	285	SDP	6	TRIMA	54	209	2385	288	4		
1376.	1539	7.10.18	AK	32	M	62	167	R	VD	B+ve	14.8	287	SDP	6	TRIMA	36	165	1848	214	3		
1377.	1540	7.10.18	PS	27	M	80	175	R	RD	O+ve	15.1	367	SDP	6	TRIMA	39	143	1618	215	3		
1378.	1541	7.10.18	SS	28	M	85	170	R	VD	A+ve	13.3	225	SDP	7.3	TRIMA	60	208	2272	215	3		

Sr. No.	DP. No.	Date	Donor's Name & Address	Age	Sex	Weight (Kg)	Height (Cms)	First Time Donor/ Repeat Donor	Voluntary Donor/ Replacement Donor	Blood Group	Hb (g/dl)	Platelet Count (nX109/L)	Type of Procedure SDP/ Plasma Pheresis	TSP (g/dl)	Equipment TRIMA/ MCS+	Duration in min	Volume of Anticoa gulant Used (ml)	Whole Blood Used (ml)	Volume (ml)	PLT YIELD (X1011/µl)	Discard	Adverse Event
1379.	1542	7.10.18	VS	32	M	62	170	R	VD	B+ve	14.6	246	SDP	6	TRIMA	50	193	2089	214	3		
1380.	1543	7.10.18	KS	26	M	82	170	FT	VD	B+ve	16.9	311	SDP	6	MCS+	82	367	2840	220	4.1		
1381.	1544	7.10.18	GS	34	M	68	170	R	VD	B+ve	13.6	328	SDP	6	MCS+	80	350	2710	290	4.8		
1382.	1545	7.10.18	RK	34	M	62	170	R	VD	B+ve	14.6	283	SDP	7.1	MCS+	68	315	2578	270	3		
1383.	1546	7.10.18	FA	25	M	78	164	R	VD	B+ve	16.6	216	SDP	6.5	MCS+	70	336	2665	260	3		
1384.	1547	7.10.18	AS	40	M	70	180	R	RD	B+ve	15.2	199	SDP	6	MCS+	90	369	2966	270	3		Citrate Toxicity
1385.	1548	7.10.18	BH	30	M	75	170	R	VD	AB+ve	15	385	SDP	6	MCS+	75	341	2664	250	5.1		
1386.	1549	7.10.18	RS	22	M	75	175	FT	RD	B+ve	15.4	190	SDP	6.4	MCS+	102	418	3363	315	3.1		Citrate Toxicity
1387.	1550	7.10.18	RS	27	M	63	172	R	RD	A+ve	13.5	479	SDP	6	TRIMA	77	209	2681	501	7		
1388.	1551	7.10.18	GS	27	M	80	170	R	RD	A+ve	15	346	SDP	6.4	MCS+	76	320	2750	278	5.8		
1389.	1552	7.10.18	MS	24	M	70	175	R	VD	B+ve	14.6	229	SDP	7.1	TRIMA	60	208	2272	215	3		
1390.	1553	7.10.18	FS	36	M	88	165	R	VD	A+ve	13.6	416	SDP	6	MCS+	65	321	2487	280	4.5		
1391.	1554	7.10.18	US	50	M	83	165	FT	RD	O+ve	14	197	SDP	6	MCS+	87	367	2964	268	3		
1392.	1555	7.10.18	HS	33	M	88	175	FT	VD	AB+ve	15.6	243	SDP	6.6	MCS+	72	350	2870	266	3.2		
1393.	1556	7.10.18	BS	31	M	100	170	R	VD	A+ve	15.4	393	SDP	6.5	MCS+	115	480	3456	373	7		
1394.	1557	7.10.18	MA	33	M	98	175	FT	VD	AB+ve	15.3	259	SDP	6.2	MCS+	93	324	2765	271	3.5		
1395.	1558	7.10.18	SS	39	M	64	172	FT	VD	O+ve	13.8	263	SDP	6	MCS+	93	324	2765	271	3.5		
1396.	1559	7.10.18	SA	38	M	84	170	R	RD	B+ve	13.7	263	SDP	6	MCS+	93	324	2765	271	3.5		Kit Extra Kit Leakage
1397.	1560	9.10.18	AS	40	M	68	175	R	VD	A+ve	15	204	SDP	6.8	TRIMA	55	234	2499	214	3		
1398.	1561	9.10.18	KA	27	M	72	167	R	RD	A+ve	13.9	206	SDP	6.8	TRIMA	55	234	2499	214	3		
1399.	1563	9.10.18	SG	46	M	97	168	R	VD	B+ve	14.6	157	SDP	6	TRIMA	65	261	2755	214	3		
1400.	1564	9.10.18	MS	28	M	65	172	R	VD	O+ve	14.1	354	SDP	6	TRIMA	39	143	1618	215	3		
1401.	1565	9.10.18	JS	32	M	92	175	R	VD	B+ve	15.4	205	SDP	6	TRIMA	55	234	2499	214	3		
1402.	1566	9.10.18	PI	25	M	90	180	R	VD	O+ve	14.7	271	SDP	6	TRIMA	59	230	2556	286	4		
1403.	1567	9.10.18	SS	30	M	62	154	R	VD	A+ve	12.9	470	SDP	7.3	TRIMA	77	209	2681	501	7		
1404.	1568	9.10.18	VI	40	M	98	170	R	VD	B+ve	12.7	405	SDP	6	TRIMA	39	143	1618	215	3		
1405.	1569	9.10.18	MO	18	M	72	172	FT	VD	B+ve	16	231	SDP	6	TRIMA	59	244	2748	286	4		Vascular Injury
1406.	1570	9.10.18	BS	32	M	90	170	R	VD	A+ve	15.4	293	SDP	6	TRIMA	60	255	2335	308	4		
1407.	1571	9.10.18	SU	35	M	72	170	R	VD	B+ve	16.4	295	SDP	7.6	TRIMA	60	255	2335	308	4		
1408.	1572	9.10.18	AY	22	M	78	180	R	VD	AB+ve	14.7	168	SDP	6	TRIMA	65	261	2755	214	3		Citrate Toxicity
1409.	1573	9.10.18	MS	29	M	70	167	R	RD	B+ve	15.5	188	SDP	6	TRIMA	61	283	2870	214	3		
1410.	1575	9.10.18	JS	29	M	70	180	R	RD	B+ve	14.6	321	SDP	6	TRIMA	35	156	1723	214	3		
1411.	1576	9.10.18	MS	22	M	60	169	R	VD	AB+ve	16.6	227	SDP	6	TRIMA	60	208	2272	215	3		
1412.	1578	9.10.18	AS	26	M	77	176	R	VD	B+ve	14.3	454	SDP	6	TRIMA	77	209	2681	501	7		
1413.	1579	9.10.18	JS	26	M	60	180	R	VD	AB+ve	14.2	216	SDP	6	MCS+	70	336	2665	260	3		
1414.	1580	9.10.18	NA	26	M	68	180	FT	RD	O+ve	14.1	173	SDP	6	MCS+	82	439	3279	205	2.9		Citrate Toxicity
1415.	1581	9.10.18	GS	23	M	78	167	R	RD	AB+ve	15.7	347	SDP	6	MCS+	74	321	2487	240	3.6		
1416.	1582	9.10.18	VN	31	M	72	168	R	VD	A+ve	15.3	240	SDP	6	MCS+	82	370	2890	265	3.4		
1417.	1583	9.10.18	AS	30	M	64	172	R	VD	B+ve	13.9	210	SDP	6	MCS+	90	369	2966	270	3		
1418.	1584	9.10.18	GS	34	M	88	175	R	VD	AB+ve	15.7	352	SDP	6	MCS+	74	321	2487	240	3.6		
1419.	1585	10.10.18	S	30	M	78	180	R	VD	O+ve	15.2	233	SDP	6	TRIMA	60	220	2256	213	3		
1420.	1586	10.10.18	AR	23	M	80	154	R	RD	B+ve	14	276	SDP	6	MCS+	82	370	2990	270	3.8		
1421.	1587	10.10.18	SK	27	M	70	170	FT	RD	B+ve	14.8	231	SDP	6	TRIMA	59	244	2748	286	4		
1422.	1588	10.10.18	IS	26	M	70	172	R	VD	A+ve	13.6	348	SDP	6	TRIMA	39	143	1618	215	3		
1423.	1589	10.10.18	HA	30	M	84	170	R	VD	A+ve	14.6	267	SDP	7.3	TRIMA	59	230	2556	286	4		
1424.	1590	10.10.18	RK	34	M	75	170	R	VD	B+ve	14	349	SDP	6	TRIMA	39	143	1618	215	3		
1425.	1591	10.10.18	GA	26	M	62	180	R	VD	O+ve	15.8	285	SDP	6	TRIMA	54	209	2385	288	4		
1426.	1592	10.10.18	SK	31	M	83	167	R	VD	B+ve	15.5	203	SDP	6	TRIMA	70	246	2632	215	3		
1427.	1593	10.10.18	AD	58	M	100	180	R	VD	B+ve	13.9	244	SDP	7.6	TRIMA	50	193	2089	214	3		
1428.	1594	10.10.18	SA	30	M	84	169	R	VD	B+ve	14.6	294	SDP	7.3	TRIMA	60	255	2335	308	4		
1429.	1595	10.10.18	VA	49	M	80	176	FT	VD	O+ve	14.4	212	SDP	7.4	TRIMA	51	221	2369	216	3		
1430.	1596	10.10.18	MK	65	M	74	180	R	VD	A+ve	15	294	SDP	6.5	TRIMA	60	255	2335	308	4		
1431.	1597	10.10.18	MS	43	M	80	165	R	VD	B+ve	13.6	260	SDP	6	TRIMA	43	187	2045	215	3		
1432.	1598	10.10.18	MB	32	M	75	165	R	VD	A-ve	13.02	254	SDP	6	TRIMA	43	187	2045	215	3		
1433.	1599	10.10.18	NI	32	M	70	170	R	VD	A+ve	15.7	346	SDP	6.4	TRIMA	39	143	1618	215	3		
1434.	1600	10.10.18	AK	26	M	70	165	R	VD	B+ve	17.6	291	SDP	6.4	TRIMA	60	255	2335	308	4		
1435.	1601	10.10.18	IS	30	M	70	175	R	VD	AB+ve	13.4	278	SDP	6.2	TRIMA	65	228	2287	286	4		
1436.	1602	10.10.18	MS	42	M	75	170	R	RD	O+ve	14.6	272	SDP	6	MCS+	70	324	2585	250	3.2		
1437.	1603	10.10.18	CH	26	M	74	170	R	VD	O+ve	13.6	312	SDP	6	MCS+	65	310	2440	273	3.5		
1438.	1604	10.10.18	HA	22	M	66	177	R	VD	A+ve	16.5	234	SDP	6	MCS+	82	370	2890	265	3.4		
1439.	1605	10.10.18	AG	40	M	65	170	R	VD	O+ve	16.7	280	SDP	6	MCS+	68	315	2578	270	3		
1440.	1606	10.10.18	HA	40	M	75	170	R	VD	A+ve	13.7	274	SDP	7.1	MCS+	70	324	2585	250	3.2		
1441.	1607	10.10.18	SA	27	M	60	164	FT	RD	B+ve	14.2	282	SDP	6.5	MCS+	68	315	2578	270	3		
1442.	1608	10.10.18	SA	43	M	85	180	R	VD	A+ve	14.1	312	SDP	6	MCS+	65	310	2440	273	3.5		
1443.	1609	10.10.18	BM	33	M	94	170	FT	VD	O+ve	13	396	SDP	6	MCS+	67	280	2445	330	5.6		
1444.	1610	10.10.18	BU	23	M	85	175	FT	VD	A+ve	15.5	370	SDP	6.4	MCS+	123	480	3541	340	6		Citrate Toxicity
1445.	1611	10.10.18	JS	42	M	84	172	R	VD	B+ve	15.2	278	SDP	6	MCS+	68	315	2578	270	3		
1446.	1612	10.10.18	IR	37	M	97	170	R	VD	B+ve	13	275	SDP	6.4	MCS+	82	370	2990	270	3.8		
1447.	1613	11.10.18	AK	30	M	80	175	R	VD	O+ve	14.3	343	SDP	6.5	MCS+	74	321	2487	240	3.6		
1448.	1614	11.10.18	DK	24	M	75	167	R	VD	AB+ve	15.2	308	SDP	6	MCS+	70	311	2434	275	3.6		
1449.	1615	11.10.18	AJ	40	M	90	170	R	VD	AB+ve	13.5	244	SDP	6	MCS+	74	370	2830	280	3		
1450.	1616	11.10.18	SS	23	M	75	170	R	RD	B+ve	16.3	206	SDP	6.4	TRIMA	55	234	2499	214	3		
1451.	1618	11.10.18	GS	21	M	97	175	R	VD	B+ve	15.1	311	SDP	6	TRIMA	38	177	1803	214	3		
1452.	1619	11.10.18	DS	27	M	70	170	R	VD	A+ve	12.7	291	SDP	6.4	TRIMA	60	255	2335	308	4		
1453.	1621	11.10.18	SS	29	M	75	180	FT	VD	A+ve	14.4	307	SDP	7.1	TRIMA	38	177	1803	214	3		
1454.	1622	11.10.18	HA	31	M	70	165	R	VD	O+ve	17.5	309	SDP	6	TRIMA	38	177	1803	214	3		

Sr. No.	DP. No.	Date	Donor's Name & Address	Age	Sex	Weight (Kg)	Height (Cms)	First Time Donor/ Repeat Donor	Voluntary Donor/ Replacement Donor	Blood Group	Hb (g/dl)	Platelet Count (nX109/L)	Type of Procedure SDP/ Plasma Pheresis	TSP (g/dl)	Equipment TRIMA/ MCS+	Duration in min	Volume of Anticoa gulant Used (ml)	Whole Blood Used (ml)	Volume (ml)	PLT YIELD (X1011/µl)	Discard	Adverse Event
1455.	1623	11.10.18	DE	24	M	68	170	R	VD	A+ve	16.5	215	SDP	6	TRIMA	51	221	2369	216	3		
1456.	1624	11.10.18	DH	35	M	75	180	R	VD	A+ve	14.6	238	SDP	6.6	MCS+	82	370	2890	265	3.4		
1457.	1625	11.10.18	HS	44	M	65	162	FT	VD	A+ve	15.8	289	SDP	6.5	MCS+	77	360	2840	270	4		
1458.	1629	11.10.18	GA	33	M	63	172	R	VD	A+ve	15	290	SDP	6.2	MCS+	77	360	2840	270	4		
1459.	1630	11.10.18	LS	35	M	80	170	R	VD	O+ve	14.4	260	SDP	6	MCS+	93	324	2765	271	3.5		
1460.	1631	11.10.18	JS	28	M	70	167	R	VD	O+ve	14.4	394	SDP	6	TRIMA	39	143	1618	215	3		
1461.	1632	11.10.18	NS	38	M	62	165	R	RD	A+ve	15.3	355	SDP	6.8	TRIMA	39	143	1618	215	3		
1462.	1633	11.10.18	SS	23	M	65	162	R	RD	B+ve	15.4	254	SDP	6.8	TRIMA	43	187	2045	215	3		
1463.	1634	11.10.18	SA	25	M	66	175	R	VD	O+ve	15.1	401	SDP	6	TRIMA	39	143	1618	215	3		
1464.	1635	11.10.18	HE	19	M	84	170	FT	RD	B+ve	13.7	414	SDP	6	TRIMA	39	143	1618	215	3		
1465.	1636	11.10.18	AK	37	M	75	173	FT	VD	A+ve	14.5	266	SDP	6	MCS+	53	286	2162	260	3		
1466.	1637	11.10.18	IS	27	M	70	165	R	VD	O+ve	14.3	231	SDP	6	MCS+	82	370	2890	265	3.4		
1467.	1638	12.10.18	Y	47	M	72	165	R	VD	O+ve	13.1	208	SDP	7.3	MCS+	90	369	2966	270	3		
1468.	1642	12.10.18	RK	32	M	97	167	R	VD	O+ve	14	263	SDP	6	MCS+	93	324	2765	271	3.5		
1469.	1643	12.10.18	SJ	33	M	75	165	R	VD	O+ve	15	274	SDP	6	MCS+	70	324	2585	250	3.2		
1470.	1644	12.10.18	SK	38	M	80	163	R	RD	A+ve	13.8	202	SDP	6	MCS+	90	369	2966	270	3		
1471.	1645	12.10.18	TS	31	M	70	167	R	VD	A+ve	16.2	320	SDP	7.6	MCS+	72	287	2250	215	3.2		
1472.	1646	12.10.18	SU	30	M	84	167	R	VD	A+ve	14.3	252	Plasma pheresis	6	MCS+	58	200	2100	500	-		
1473.	1647	12.10.18	NI	31	M	60	168	R	VD	O+ve	16.1	269	SDP	6	MCS+	73	315	2729	265	3.5		
1474.	1648	12.10.18	AJ	44	M	60	166	R	VD	B+ve	14.9	309	SDP	6	TRIMA	38	177	1803	214	3		
1475.	1649	12.10.18	AB	18	M	100	170	FT	VD	O+ve	15	296	SDP	6	TRIMA	60	255	2335	308	4		
1476.	1650	12.10.18	AS	38	M	84	177	R	RD	A+ve	13	222	SDP	6	TRIMA	51	221	2369	216	3		
1477.	1651	13.10.18	SA	28	M	82	170	R	VD	AB+ve	14.6	277	SDP	7.6	TRIMA	65	228	2287	286	4		
1478.	1652	13.10.18	PI	21	M	70	170	R	VD	B+ve	17.3	204	SDP	7.3	TRIMA	55	234	2499	214	3		
1479.	1653	13.10.18	HS	25	M	74	167	R	RD	AB+ve	16.1	266	SDP	7.4	TRIMA	59	230	2556	286	4		Citrate Toxicity
1480.	1654	13.10.18	SH	21	M	72	170	R	VD	O+ve	15.3	305	SDP	6.5	TRIMA	38	177	1803	214	3		
1481.	1655	13.10.18	AN	20	M	60	168	R	VD	B-ve	12.6	249	SDP	6	TRIMA	44	191	2110	214	3		
1482.	1656	13.10.18	AN	30	M	76	170	R	VD	O+ve	15.5	242	SDP	6	TRIMA	50	193	2089	214	3		
1483.	1657	13.10.18	KS	24	M	60	172	R	VD	O+ve	13.7	256	SDP	6.4	TRIMA	43	187	2045	215	3		
1484.	1658	13.10.18	MC	25	M	80	182	R	VD	B+ve	15.2	240	SDP	6.4	MCS+	82	370	2890	265	3.4		
1485.	1659	13.10.18	AN	24	M	78	158	R	VD	B+ve	15.7	266	SDP	6.2	MCS+	53	286	2162	260	3		
1486.	1660	13.10.18	SA	34	M	78	165	R	VD	B+ve	14.3	229	SDP	6	MCS+	81	366	2887	263	3.4		
1487.	1661	13.10.18	JO	41	M	72	170	FT	VD	B+ve	16.6	271	SDP	6	MCS+	78	380	2880	250	3.7		
1488.	1662	13.10.18	PA	28	M	68	165	R	VD	O+ve	16.6	335	SDP	6	MCS+	80	352	2790	330	5.1		
1489.	1664	13.10.18	SK	42	M	70	168	R	VD	O+ve	14.8	327	SDP	6	MCS+	80	350	2710	290	4.8		
1490.	1665	13.10.18	AS	31	M	60	168	R	RD	B+ve	14.2	221	SDP	7.1	MCS+	73	336	2665	290	3	Discarded	
1491.	1666	13.10.18	AS	44	M	68	167	R	VD	A+ve	14.7	234	SDP	6.5	MCS+	82	370	2890	265	3.4		
1492.	1667	13.10.18	GS	31	M	100	175	R	VD	O+ve	14.7	200	SDP	6	MCS+	90	369	2966	270	3		
1493.	1668	13.10.18	PS	25	M	84	170	R	VD	B+ve	16	241	SDP	6	MCS+	82	370	2890	265	3.4		
1494.	1669	13.10.18	RA	40	M	80	170	R	VD	B+ve	15.2	251	SDP	6.4	MCS+	72	330	2630	282	3		
1495.	1670	13.10.18	CH	35	M	60	170	R	VD	AB+ve	15.6	367	SDP	6	MCS+	123	480	3541	340	6		
1496.	1671	13.10.18	HA	24	M	78	170	R	VD	B+ve	16	228	SDP	6.4	MCS+	81	366	2887	263	3.4		
1497.	1672	13.10.18	PA	23	M	88	170	R	VD	O+ve	11.5	257	SDP	7.1	MCS+	93	324	2765	271	3.5		
1498.	1674	13.10.18	JS	24	M	62	164	R	VD	O+ve	16.5	282	SDP	6	TRIMA	47	214	2427	285	4		
1499.	1675	13.10.18	JU	30	M	68	180	R	VD	O+ve	15.9	228	SDP	6	TRIMA	60	208	2272	215	3		
1500.	1676	13.10.18	JA	33	M	80	170	R	VD	O+ve	13	248	SDP	6.6	TRIMA	44	191	2110	214	3		
1501.	1677	13.10.18	DI	25	M	72	175	R	VD	A+ve	12.7	324	SDP	6.5	TRIMA	35	156	1723	214	3		
1502.	1678	13.10.18	CH	25	M	74	172	R	VD	B+ve	14.3	219	SDP	6.2	TRIMA	51	221	2369	216	3		
1503.	1679	13.10.18	JS	29	M	97	170	R	VD	A+ve	14.1	281	SDP	6	TRIMA	47	214	2427	285	4		
1504.	1680	14.10.18	K	21	M	79	175	R	VD	A+ve	14.9	312	SDP	6	TRIMA	38	177	1803	214	3		
1505.	1681	14.10.18	SG	22	M	75	165	R	VD	O+ve	16.4	278	SDP	6.8	TRIMA	65	228	2287	286	4		
1506.	1682	14.10.18	SG	43	M	74	165	R	VD	B+ve	17.3	268	SDP	6.8	TRIMA	59	230	2556	286	4		
1507.	1683	14.10.18	SS	50	M	73	175	FT	VD	O+ve	13.6	299	SDP	6	MCS+	74	356	2673	240	3.6		
1508.	1684	14.10.18	RS	21	M	70	170	R	VD	O+ve	15.9	285	SDP	6	MCS+	68	315	2578	270	3		
1509.	1685	14.10.18	RB	26	M	70	170	R	VD	B+ve	15.4	281	SDP	6	MCS+	68	315	2578	270	3		
1510.	1686	14.10.18	SK	31	M	62	177	R	VD	B+ve	16.4	204	SDP	6	MCS+	90	369	2966	270	3		
1511.	1687	14.10.18	DS	32	M	90	176	R	VD	O+ve	15	306	SDP	7.3	MCS+	74	356	2673	240	3.6		
1512.	1688	14.10.18	SS	26	M	72	170	FT	VD	B+ve	14.5	288	SDP	6	MCS+	68	315	2578	270	3		
1513.	1689	14.10.18	MS	42	M	85	170	R	VD	AB+ve	15.3	293	SDP	6	MCS+	69	334	2540	220	3.2		
1514.	1690	14.10.18	HS	22	M	98	172	R	VD	O+ve	14.4	234	SDP	6	MCS+	82	370	2890	265	3.4		
1515.	1691	14.10.18	SK	28	M	87	167	R	VD	A+ve	13.6	200	SDP	7.6	MCS+	90	369	2966	270	3		
1516.	1693	14.10.18	NG	22	M	87	165	R	VD	B+ve	16.4	272	SDP	6	TRIMA	59	230	2556	286	4		
1517.	1694	14.10.18	GS	27	M	78	170	R	VD	A+ve	15.4	338	SDP	6	TRIMA	35	156	1723	214	3		
1518.	1695	14.10.18	AB	51	M	100	180	R	VD	A+ve	15.4	302	SDP	6	MCS+	74	356	2673	240	3.6		
1519.	1696	14.10.18	MS	27	M	70	170	R	VD	O+ve	16.3	201	SDP	6	MCS+	90	369	2966	270	3		
1520.	1697	14.10.18	NK	32	M	72	170	R	VD	A+ve	14.6	277	SDP	6	MCS+	82	370	2990	270	3.8		
1521.	1698	14.10.18	SA	25	M	63	165	R	VD	AB+ve	15.4	304	SDP	6	MCS+	74	356	2673	240	3.6		
1522.	1699	14.10.18	SA	34	M	98	165	R	VD	AB+ve	15.6	263	SDP	6	MCS+	93	324	2765	271	3.5		
1523.	1700	14.10.18	SU	46	M	85	170	FT	VD	B+ve	12.4	314	SDP	6	MCS+	65	310	2440	273	3.5		
1524.	1701	14.10.18	AK	39	M	68	165	FT	VD	O+ve	13.5	242	SDP	6	TRIMA	50	193	2089	214	3		
1525.	1702	14.10.18	AB	36	M	88	175	R	VD	O+ve	13.6	272	SDP	6	TRIMA	59	230	2556	286	4		
1526.	1703	14.10.18	DH	27	M	87	170	R	VD	A+ve	14.7	335	SDP	6	TRIMA	35	156	1723	214	3		
1527.	1704	14.10.18	GU	40	M	83	170	R	VD	O+ve	15	240	SDP	6	TRIMA	50	240	2791	218	4		
1528.	1705	14.10.18	PK	36	M	62	177	R	VD	B+ve	16	286	SDP	6	TRIMA	36	165	1848	214	3		
1529.	1706	15.10.18	VS	32	M	85	170	R	VD	B+ve	14.5	268	SDP	6	TRIMA	59	230	2556	286	4		
1530.	1707	15.10.18	NI	23	M	68	170	R	VD	O+ve	13.7	303	SDP	6	TRIMA	38	177	1803	214	3		
1531.	1708	15.10.18	MK	41	M	67	164	FT	VD	O+ve	14.1	336	SDP	6	TRIMA	35	156	1723	214	3		
1532.	1709	15.10.18	AM	20	M	75	180	R	VD	A+ve	16.2	338	SDP	6	TRIMA	35	156	1723	214	3		
1533.	1710	15.10.18	GS	27	M	63	170	R	VD	O+ve	15	247	SDP	6	TRIMA	44	191	2110	214	3		

Sr. No.	DP. No.	Date	Donor's Name & Address	Age	Sex	Weight (Kg)	Height (Cms)	First Time Donor/ Repeat Donor	Voluntary Donor/ Replacement Donor	Blood Group	Hb (g/dl)	Platelet Count (nX109/L)	Type of Procedure SDP/ Plasma Pheresis	TSP (g/dl)	Equipment TRIMA/ MCS+	Duration in min	Volume of Anticoa gulant Used (ml)	Whole Blood Used (ml)	Volume (ml)	PLT YIELD (X1011/µl)	Discard	Adverse Event
1534.	1711	15.10.18	DI	46	M	97	175	R	VD	B+ve	15.1	232	SDP	6	TRIMA	59	244	2748	286	4		
1535.	1712	15.10.18	AB	40	M	80	172	R	VD	O+ve	13.8	228	SDP	6	MCS+	81	366	2887	263	3.4		
1536.	1713	15.10.18	JK	26	F	84	170	FT	VD	A+ve	12	288	SDP	6	MCS+	68	315	2578	270	3		
1537.	1715	15.10.18	SS	24	M	65	175	R	VD	B+ve	15.2	243	SDP	6	MCS+	72	350	2870	266	3.2		
1538.	1716	15.10.18	GS	25	M	70	167	R	VD	B+ve	14.2	258	SDP	6.4	MCS+	93	324	2765	271	3.5		
1539.	1717	15.10.18	RK	38	M	62	168	R	RD	B+ve	14.4	236	SDP	6	TRIMA	50	184	2046	214	3		
1540.	1718	15.10.18	MS	21	M	63	172	R	VD	AB+ve	15.7	199	SDP	6.4	TRIMA	50	228	2477	213	3		
1541.	1719	15.10.18	SU	39	M	84	175	R	RD	B+ve	15.3	222	SDP	6.5	TRIMA	51	221	2369	216	3		
1542.	1721	15.10.18	MS	39	M	70	180	R	RD	B+ve	15	239	SDP	6	TRIMA	50	184	2046	214	3		
1543.	1722	15.10.18	DK	58	M	68	170	R	VD	O+ve	14.5	250	SDP	6	TRIMA	44	191	2110	214	3		
1544.	1723	15.10.18	NS	22	M	62	164	R	VD	B+ve	14.7	191	SDP	6.4	TRIMA	50	228	2477	213	3		
1545.	1724	15.10.18	HI	22	M	80	167	R	VD	AB+ve	14.5	357	SDP	6	TRIMA	39	143	1618	215	3		
1546.	1725	15.10.18	AC	37	M	78	167	R	VD	B+ve	14.5	363	SDP	6.4	TRIMA	39	143	1618	215	3		
1547.	1726	15.10.18	AS	32	M	65	168	R	VD	A+ve	16.2	257	SDP	7.1	MCS+	93	324	2765	271	3.5		
1548.	1727	15.10.18	IA	34	M	88	166	FT	RD	B+ve	14.7	230	SDP	6	MCS+	82	370	2890	265	3.4		Citrate Toxicity
1549.	1728	15.10.18	SA	26	M	98	170	FT	VD	O+ve	16.96	360	SDP	6	MCS+	75	358	2693	340	4.8		
1550.	1729	15.10.18	GA	20	M	82	177	R	VD	O+ve	13.2	281	SDP	6.6	MCS+	68	315	2578	270	3		
1551.	1730	15.10.18	AJ	44	M	60	170	R	VD	B+ve	16.3	255	SDP	6.5	MCS+	73	329	2710	258	3.5		
1552.	1731	15.10.18	SS	45	M	98	170	R	VD	B+ve	13.8	275	SDP	6.2	MCS+	82	370	2990	270	3.8		
1553.	1732	15.10.18	RS	39	M	78	167	FT	RD	B+ve	14.5	286	SDP	6	MCS+	68	315	2578	270	3		
1554.	1733	15.10.18	SS	32	M	70	170	R	VD	A+ve	12	337	SDP	6	MCS+	80	352	2790	330	5.1		
1555.	1734	15.10.18	GS	23	M	68	168	R	VD	AB+ve	16.7	303	SDP	6.8	TRIMA/MCS+	38	177	1803	214	3		TRIMA Kit Leakage
1556.	1735	16.10.18	RS	22	M	62	170	FT	VD	B+ve	15.6	245	SDP	6.8	MCS+	74	370	2830	280	3		
1557.	1736	16.10.18	GS	28	M	80	172	R	VD	B+ve	14.3	212	SDP	6	MCS+	90	369	2966	270	3		
1558.	1737	16.10.18	RO	22	M	90	182	FT	VD	O+ve	15.6	216	SDP	6	MCS+	70	336	2665	260	3		
1559.	1738	16.10.18	GS	21	M	80	158	FT	VD	O+ve	11.6	244	SDP	6	MCS+	74	370	2830	280	3		
1560.	1739	16.10.18	PK	37	M	84	165	FT	VD	B+ve	16.7	225	SDP	6	MCS+	73	354	2876	240	3.1		
1561.	1740	16.10.18	SA	28	M	80	170	R	VD	B+ve	15.9	387	SDP	7.3	MCS+	75	341	2664	250	5.1		
1562.	1741	16.10.18	AS	27	M	88	165	R	VD	AB+ve	16.6	174	SDP	6	TRIMA	54	254	2725	214	3		
1563.	1742	16.10.18	RS	23	M	85	168	R	VD	O+ve	17.2	252	SDP	6	TRIMA	44	191	2110	214	3		
1564.	1743	16.10.18	MS	28	M	78	168	R	VD	B+ve	15.3	282	SDP	6	MCS+	68	315	2578	270	3		
1565.	1744	16.10.18	RC	28	M	60	167	R	VD	O+ve	14.8	292	SDP	7.6	TRIMA	60	255	2335	308	4		
1566.	1745	16.10.18	JS	20	M	76	175	R	VD	AB+ve	15.3	292	SDP	6	TRIMA	60	255	2335	308	4		
1567.	1746	16.10.18	MS	46	M	69	170	R	VD	A+ve	15.6	203	SDP	6	MCS+	90	369	2966	270	3		
1568.	1747	16.10.18	RS	40	M	60	170	R	VD	O+ve	14.9	356	SDP	6	MCS+	74	321	2487	240	3.6		
1569.	1748	16.10.18	HS	26	M	78	170	FT	VD	AB+ve	16.5	201	SDP	6	TRIMA	70	246	2632	215	3		Citrate Toxicity
1570.	1749	16.10.18	VK	24	M	90	170	R	VD	AB+ve	15.3	228	SDP	6	MCS+	81	366	2887	263	3.4		
1571.	1750	16.10.18	KA	30	M	62	170	R	VD	O+ve	14.3	272	SDP	7.6	MCS+	70	324	2585	250	3.2		
1572.	1751	16.10.18	JA	18	M	74	164	FT	VD	O+ve	14	254	SDP	7.3	MCS+	80	377	2856	270	4		
1573.	1752	16.10.18	RA	54	M	75	180	R	VD	A+ve	11.8	283	SDP	7.4	TRIMA	47	214	2427	285	4		
1574.	1753	16.10.18	GS	21	M	65	170	FT	RD	O+ve	15.4	236	SDP	6.5	MCS+	82	370	2890	265	3.4		Vasovagal
1575.	1754	16.10.18	AS	24	M	61	175	R	VD	B+ve	14	293	SDP	6	MCS+	69	334	2540	220	3.2		
1576.	1755	16.10.18	MS	23	M	80	172	R	VD	B+ve	15.8	303	SDP	6	MCS+	74	356	2673	240	3.6		
1577.	1756	16.10.18	RA	24	M	70	170	R	VD	A+ve	14.9	218	SDP	6.4	MCS+	70	336	2665	260	3		
1578.	1757	16.10.18	IS	24	M	70	175	R	VD	B+ve	15.4	229	SDP	6.4	MCS+	81	366	2887	263	3.4		
1579.	1758	17.10.18	PK	28	M	70	165	R	VD	O+ve	14	279	SDP	6.2	MCS+	68	315	2578	270	3		
1580.	1759	17.10.18	GO	26	M	65	165	FT	VD	A+ve	13.6	238	SDP	6	MCS+	82	370	2890	265	3.4		
1581.	1760	17.10.18	HS	31	M	90	175	R	VD	B+ve	14.1	316	SDP	6	MCS+	65	310	2440	273	3.5		
1582.	1761	17.10.18	RH	33	M	60	170	R	RD	O+ve	15	262	SDP	6	MCS+	93	324	2765	271	3.5		Citrate Toxicity
1583.	1764	17.10.18	DG	20	M	78	170	R	VD	B+ve	16.4	243	SDP	6	TRIMA	50	193	2089	214	3		
1584.	1765	17.10.18	VK	24	M	78	177	R	VD	B+ve	13.3	284	SDP	7.1	TRIMA	47	214	2427	285	4		
1585.	1766	17.10.18	IT	31	M	74	176	R	VD	O+ve	14.3	275	SDP	6.5	TRIMA	59	230	2556	286	4		
1586.	1767	17.10.18	PI	31	M	85	170	R	VD	A+ve	14.4	255	SDP	6	TRIMA	43	187	2045	215	3		
1587.	1768	17.10.18	AN	31	M	100	170	R	VD	B+ve	16	219	SDP	6	TRIMA	51	221	2369	216	3		
1588.	1770	17.10.18	KS	27	M	70	172	R	VD	O+ve	14.5	324	SDP	6.4	MCS+	80	350	2710	290	4.8		
1589.	1771	17.10.18	MO	25	M	65	167	R	VD	O+ve	16.1	361	SDP	6	MCS+	75	358	2693	340	4.8		
1590.	1772	17.10.18	RS	26	M	70	165	FT	VD	B-ve	14	399	SDP	6.4	MCS+	67	280	2445	330	5.6		
1591.	1773	17.10.18	SP	29	M	80	170	R	VD	O+ve	15.3	397	SDP	7.1	MCS+	67	280	2445	330	5.6		
1592.	1774	17.10.18	YO	27	M	70	180	R	VD	B+ve	13.5	343	SDP	6	TRIMA	39	143	1618	215	3		
1593.	1775	17.10.18	HS	22	M	68	170	FT	VD	O+ve	14.8	261	SDP	6	MCS+	93	324	2765	271	3.5		
1594.	1776	17.10.18	RK	30	M	70	170	R	VD	A+ve	14.3	357	SDP	6.6	MCS+	74	321	2487	240	3.6		
1595.	1777	17.10.18	MS	25	M	65	165	FT	VD	A+ve	11.4	303	SDP	6.5	MCS+	74	356	2673	240	3.6		
1596.	1778	17.10.18	HS	28	M	90	165	R	VD	B+ve	15.5	242	SDP	6.2	TRIMA	50	193	2089	214	3		
1597.	1779	17.10.18	SS	21	M	65	170	FT	VD	B+ve	13.8	414	SDP	6	TRIMA	39	143	1618	215	3		
1598.	1780	17.10.18	DK	50	M	68	165	FT	VD	O+ve	13.4	269	SDP	6	MCS+	73	315	2729	265	3.5		
1599.	1781	17.10.18	HS	21	M	65	175	FT	VD	AB+ve	14.3	248	SDP	6.8	MCS+	74	370	2830	280	3		
1600.	1783	18.10.18	DK	32	M	70	170	R	VD	B+ve	15.7	364	SDP	6.8	MCS+	75	358	2693	340	4.8		
1601.	1784	18.10.18	AR	34	M	72	170	R	VD	B+ve	13.7	291	SDP	6	MCS+	77	360	2840	270	4		
1602.	1785	18.10.18	PA	21	M	80	177	FT	VD	A+ve	15.6	302	SDP	6	MCS+	74	356	2673	240	3.6		
1603.	1786	18.10.18	JS	48	M	68	170	R	VD	O+ve	15.2	181	SDP	6	TRIMA	65	247	2640	219	3		
1604.	1788	18.10.18	SR	21	M	96	170	FT	VD	B+ve	15.5	249	SDP	6	MCS+	74	370	2830	280	3		
1605.	1789	18.10.18	AK	24	M	85	164	R	VD	A+ve	16.9	308	SDP	7.3	TRIMA	38	177	1803	214	3		
1606.	1791	18.10.18	RK	24	M	73	180	R	VD	A+ve	15.8	264	SDP	6	MCS+	73	330	2678	250	3.4		
1607.	1792	18.10.18	VK	48	M	68	170	FT	VD	B+ve	14	204	SDP	6	MCS+	90	369	2966	270	3		
1608.	1793	18.10.18	GS	34	M	60	175	R	VD	B+ve	15.7	269	SDP	6	MCS+	73	315	2729	265	3.5		
1609.	1794	18.10.18	JS	34	M	65	172	R	VD	AB+ve	16.2	191	SDP	7.6	MCS+	102	418	3363	315	3		
1610.	1795	18.10.18	JS	29	M	72	170	R	VD	B+ve	14.5	329	SDP	6	MCS+	64	360	2464	270	3.8		
1611.	1796	18.10.18	MS	25	M	60	175	FT	VD	A+ve	15.8	289	SDP	6	MCS+	77	360	2840	270	4		

Sr. No.	DP. No.	Date	Donor's Name & Address	Age	Sex	Weight (Kg)	Height (Cms)	First Time Donor/ Repeat Donor	Voluntary Donor/ Replacement Donor	Blood Group	Hb (g/dl)	Platelet Count (nX109/L)	Type of Procedure SDP/ Plasma Pheresis	TSP (g/dl)	Equipment TRIMA/ MCS+	Duration in min	Volume of Anticoa gulant Used (ml)	Whole Blood Used (ml)	Volume (ml)	PLT YIELD (X1011/µl)	Discard	Adverse Event
1612.	1797	18.10.18	MS	28	M	63	167	R	VD	A+ve	12.1	305	SDP	6	TRIMA	38	177	1803	214	3		
1613.	1798	18.10.18	HE	35	M	68	168	R	VD	AB+ve	13.1	288	SDP	6	MCS+	68	315	2578	270	3		
1614.	1799	18.10.18	KB	27	M	80	172	R	VD	O+ve	14	418	SDP	6	MCS+	65	321	2487	280	4.5		
1615.	1800	18.10.18	DM	34	M	74	175	R	VD	O+ve	14.8	292	SDP	7.3	MCS+	69	334	2540	220	3.2		
1616.	1801	18.10.18	GC	34	M	80	180	R	VD	AB+ve	15	263	SDP	6	MCS+	93	324	2765	271	3.5		
1617.	1802	18.10.18	MA	25	M	65	170	FT	VD	B+ve	15.1	330	SDP	6	MCS+	78	322	2497	256	4		
1618.	1803	18.10.18	VI	38	M	70	164	R	VD	O+ve	15	204	SDP	6	MCS+	90	369	2966	270	3		
1619.	1804	18.10.18	RV	25	M	85	170	FT	VD	AB+ve	14.8	216	SDP	7.6	MCS+	70	336	2665	260	3		
1620.	1805	18.10.18	AN	18	M	82	170	FT	VD	B+ve	15.1	379	SDP	7.3	MCS+	75	341	2664	250	5.1		
1621.	1806	18.10.18	TR	22	M	62	175	FT	VD	B+ve	12.8	287	SDP	7.4	MCS+	68	315	2578	270	3		
1622.	1807	18.10.18	VA	42	M	60	170	FT	VD	O+ve	13.7	233	SDP	6.5	MCS+	82	370	2890	265	3.4		
1623.	1808	19.10.18	NG	31	M	60	180	FT	VD	O+ve	15.4	267	SDP	6	MCS+	53	286	2162	260	3		
1624.	1809	19.10.18	VK	32	M	88	165	R	VD	B+ve	14.1	255	SDP	6	MCS+	73	329	2710	258	3.5		
1625.	1810	19.10.18	GS	35	M	88	170	R	VD	B+ve	15.2	200	SDP	6.4	MCS+	90	369	2966	270	3		
1626.	1811	19.10.18	AT	41	M	84	180	R	VD	B+ve	17.3	237	SDP	6.4	MCS+	82	370	2890	265	3.4		
1627.	1812	19.10.18	SU	27	M	82	162	R	VD	B+ve	17.1	240	SDP	6.2	MCS+	82	370	2890	265	3.4		
1628.	1813	19.10.18	NA	19	M	65	172	FT	RD	O+ve	15.1	274	SDP	6	MCS+	70	324	2585	250	3.2		
1629.	1814	19.10.18	RK	25	M	74	170	R	VD	B+ve	15.9	399	SDP	6	MCS+	67	280	2445	330	5.6		
1630.	1815	19.10.18	PR	34	M	68	167	R	VD	B+ve	14.6	237	SDP	6	MCS+	82	370	2890	265	3.4		
1631.	1816	19.10.18	TR	18	M	80	165	FT	VD	B+ve	13.3	234	SDP	7.1	TRIMA	60	220	2256	213	3		Vascular Injury
1632.	1817	19.10.18	HV	23	M	84	162	R	VD	B-ve	16	227	SDP	6.5	MCS+	81	366	2887	263	3.4		
1633.	1818	19.10.18	ME	40	M	76	175	R	VD	B+ve	15.5	228	SDP	6	MCS+	81	366	2887	263	3.4		
1634.	1819	19.10.18	GS	33	M	60	170	R	VD	O+ve	13.4	192	SDP	6	MCS+	102	418	3363	315	3		
1635.	1820	19.10.18	SS	47	M	70	173	R	VD	B+ve	15.4	240	SDP	6.4	MCS+	82	370	2890	265	3.4		
1636.	1821	19.10.18	PG	38	M	80	165	R	VD	B+ve	16	333	SDP	6	TRIMA	35	156	1723	214	3		
1637.	1822	19.10.18	AM	29	M	72	165	R	VD	B+ve	15.7	227	SDP	6.4	MCS+	81	366	2887	263	3.4		
1638.	1823	19.10.18	BH	20	M	88	167	R	VD	AB+ve	14.4	267	SDP	7.1	MCS+	53	286	2162	260	3		
1639.	1824	19.10.18	SS	37	M	75	165	R	VD	AB+ve	15.9	250	SDP	6	MCS+	72	330	2630	282	3		
1640.	1827	19.10.18	MS	24	M	70	163	R	VD	O-ve	13.7	329	SDP	6	TRIMA	35	156	1723	214	3		
1641.	1828	19.10.18	DS	22	M	96	167	FT	VD	B+ve	16	264	SDP	6.6	MCS+	73	330	2678	250	3.4		
1642.	1829	19.10.18	AK	62	M	62	167	R	VD	B+ve	14.3	284	SDP	6.5	MCS+	68	315	2578	270	3		
1643.	1830	19.10.18	BS	23	M	60	168	FT	VD	O+ve	13.9	274	Plasma pheresis	6.2	MCS+	60	185	2125	500	-		
1644.	1831	19.10.18	VI	28	M	78	166	R	VD	B+ve	14	224	SDP	6	MCS+	73	354	2876	240	3.1		
1645.	1832	20.10.18	DJ	42	M	62	170	R	VD	B+ve	14.5	355	SDP	6	MCS+	74	321	2487	240	3.6		
1646.	1833	20.10.18	NA	30	M	70	177	R	VD	O+ve	17.5	201	SDP	6.8	MCS+	90	369	2966	270	3		
1647.	1835	20.10.18	SK	20	M	65	170	R	VD	B+ve	13.5	223	SDP	6.8	MCS+	73	354	2876	240	3.1		
1648.	1836	20.10.18	PS	30	M	65	170	R	VD	B-ve	14.3	267	SDP	6	MCS+	53	286	2162	260	3		
1649.	1837	20.10.18	GS	30	M	72	167	R	VD	B+ve	15.2	209	SDP	6	MCS+	90	369	2966	270	3		
1650.	1838	20.10.18	AS	46	M	72	170	FT	VD	B+ve	16.2	261	SDP	6	MCS+	93	324	2765	271	3.5		
1651.	1839	20.10.18	RA	36	M	70	168	R	VD	B+ve	14.6	244	SDP	6	MCS+	74	370	2830	280	3		
1652.	1840	20.10.18	BA	27	M	62	170	R	VD	B+ve	14.8	258	SDP	7.3	MCS+	93	324	2765	271	3.5		
1653.	1841	20.10.18	GA	24	M	85	172	R	VD	O+ve	15.3	200	SDP	6	MCS+	90	369	2966	270	3		
1654.	1842	20.10.18	GS	41	M	63	182	R	VD	O+ve	15.8	325	SDP	6	MCS+	80	350	2710	290	4.8		
1655.	1843	20.10.18	IS	24	M	73	158	R	VD	AB+ve	15.4	226	SDP	6	MCS+	81	366	2887	263	3.4		
1656.	1844	20.10.18	JS	18	M	69	165	FT	VD	O+ve	15.5	298	SDP	7.6	MCS+	102	418	3363	315	3		
1657.	1845	20.10.18	RS	32	M	60	170	R	VD	AB+ve	15.8	207	SDP	6	MCS+	90	369	2966	270	3		
1658.	1846	20.10.18	RS	23	M	83	165	FT	VD	B+ve	15.9	300	SDP	6	MCS+	74	356	2673	240	3.6		
1659.	1847	20.10.18	SA	36	M	94	168	R	VD	A+ve	16.1	213	SDP	6	MCS+	90	369	2966	270	3		
1660.	1848	21.10.18	TL	47	M	70	168	R	VD	B+ve	14.7	244	SDP	6	MCS+	74	370	2830	280	3		
1661.	1849	21.10.18	SA	28	M	62	167	R	VD	B+ve	16.1	257	SDP	6	MCS+	93	324	2765	271	3.5		
1662.	1850	21.10.18	HS	23	M	68	175	FT	VD	B+ve	12.7	290	SDP	6	MCS+	77	360	2840	270	4		
1663.	1851	21.10.18	LS	26	M	62	170	R	VD	AB+ve	15.2	319	SDP	6	MCS+	72	287	2250	215	3.2		
1664.	1852	21.10.18	NS	23	M	62	170	FT	VD	B+ve	15.8	253	SDP	6	MCS+	80	377	2856	270	4		
1665.	1853	21.10.18	VS	41	M	60	170	R	VD	B+ve	14.5	259	SDP	6	MCS+	93	324	2765	271	3.5		
1666.	1854	21.10.18	SA	26	M	100	170	R	VD	O+ve	14.1	292	SDP	6	MCS+	69	334	2540	220	3.2		
1667.	1855	21.10.18	SS	33	M	90	170	R	VD	B+ve	16.2	205	SDP	6	MCS+	90	369	2966	270	3		
1668.	1856	21.10.18	JS	42	M	80	164	R	VD	O+ve	14.9	243	SDP	6	MCS+	72	350	2870	266	3.2		
1669.	1857	21.10.18	SK	53	M	74	180	R	VD	O+ve	16.3	199	SDP	6	MCS+	90	369	2966	270	3		
1670.	1858	21.10.18	VI	24	M	63	170	R	VD	B+ve	14.5	316	SDP	6	MCS+	65	310	2440	273	3.5		
1671.	1859	21.10.18	BS	18	M	84	175	FT	VD	B+ve	16.5	293	SDP	6	MCS+	69	334	2540	220	3.2		
1672.	1860	21.10.18	PS	24	M	75	172	R	VD	A+ve	15	294	SDP	7.3	MCS+	80	360	2840	260	4.2		
1673.	1861	21.10.18	RS	34	M	65	170	R	VD	A+ve	17.1	250	SDP	6	MCS+	72	330	2630	282	3		
1674.	1862	21.10.18	SA	26	M	79	175	R	VD	O+ve	14.2	255	SDP	6	TRIMA	43	187	2045	215	3		
1675.	1863	21.10.18	NG	23	M	78	165	FT	VD	AB+ve	12.6	421	SDP	6	MCS+	65	321	2487	280	4.5		
1676.	1864	21.10.18	GS	21	M	70	165	FT	VD	B+ve	16	279	SDP	7.6	TRIMA	65	228	2287	286	4		
1677.	1865	21.10.18	VY	30	M	76	175	FT	VD	B+ve	14.2	221	SDP	7.3	MCS+	73	336	2665	290	3		
1678.	1867	21.10.18	VI	42	M	80	170	FT	VD	B+ve	13.1	333	SDP	7.4	MCS+	82	358	2693	330	4.8		
1679.	1868	21.10.18	JA	20	M	60	170	FT	VD	B+ve	15.2	281	SDP	6.5	MCS+	68	315	2578	270	3		
1680.	1869	21.10.18	SB	39	M	72	177	FT	VD	O+ve	15.4	264	SDP	6	MCS+	73	330	2678	250	3.4		
1681.	1870	21.10.18	SU	23	M	68	176	FT	VD	B+ve	15.2	249	SDP	6	TRIMA	44	191	2110	214	3		
1682.	1871	21.10.18	KS	24	M	75	170	R	VD	A+ve	13	358	SDP	6.4	TRIMA	39	143	1618	215	3		
1683.	1872	21.10.18	RS	28	M	60	170	R	VD	O+ve	14.8	265	SDP	6.4	MCS+	53	286	2162	260	3		
1684.	1873	21.10.18	AY	55	M	72	172	R	VD	B+ve	13.9	289	SDP	6.2	MCS+	77	360	2840	270	4		
1685.	1874	21.10.18	AV	24	M	76	167	R	RD	B+ve	15.4	242	SDP	6	MCS+	80	377	2856	273	4.1		Kit Problem RBC spillage
1686.	1875	21.10.18	SO	33	M	76	165	R	VD	B+ve	15.4	193	SDP	6	TRIMA	50	228	2477	213	3		
1687.	1876	21.10.18	PB	38	M	79	170	R	VD	B+ve	14.3	263	SDP	6	MCS+	93	324	2765	271	3.5		
1688.	1877	21.10.18	AS	28	M	75	180	R	VD	O+ve	15.9	263	SDP	6	MCS+	93	324	2765	271	3.5		

Sr. No.	DP. No.	Date	Donor's Name & Address	Age	Sex	Weight (Kg)	Height (Cms)	First Time Donor/ Repeat Donor	Voluntary Donor/ Replacement Donor	Blood Group	Hb (g/dl)	Platelet Count (nX109/L)	Type of Procedure SDP/ Plasma Pheresis	TSP (g/dl)	Equipment TRIMA/ MCS+	Duration in min	Volume of Anticoa gulant Used (ml)	Whole Blood Used (ml)	Volume (ml)	PLT YIELD (X1011/µl)	Discard	Adverse Event
1689.	1878	22.10.18	PS	37	M	60	170	R	VD	O+ve	13.6	243	SDP	7.1	MCS+	72	350	2870	266	3.2		
1690.	1879	22.10.18	HS	30	M	60	170	FT	VD	O+ve	15	256	SDP	6.5	MCS+	73	329	2710	258	3.5		
1691.	1880	22.10.18	MK	27	M	97	165	R	VD	A+ve	15.4	268	SDP	6	MCS+	53	286	2162	260	3		
1692.	1881	22.10.18	DD	42	M	60	165	FT	VD	B+ve	15.3	261	SDP	6	MCS+	93	324	2765	271	3.5		
1693.	1882	22.10.18	PS	40	M	98	170	R	VD	O+ve	15.2	198	SDP	6.4	MCS+	87	367	2964	268	3		
1694.	1884	22.10.18	AK	20	M	72	165	FT	VD	B+ve	15.7	252	SDP	6	MCS+	80	377	2856	270	4		
1695.	1885	22.10.18	SU	45	M	80	175	R	VD	O+ve	15	307	SDP	6.4	MCS+	74	356	2673	240	3.6		
1696.	1886	22.10.18	AD	33	M	64	170	R	VD	O+ve	16.4	226	SDP	6.5	MCS+	81	366	2887	263	3.4		
1697.	1887	22.10.18	SH	44	M	62	170	R	VD	B-ve	14	324	SDP	6	MCS+	80	350	2710	290	4.8		
1698.	1888	22.10.18	SI	24	M	60	177	FT	VD	B+ve	14.7	195	SDP	6	MCS+	87	367	2964	268	3		
1699.	1889	22.10.18	LA	27	M	97	170	R	VD	B+ve	14.1	265	SDP	6.4	MCS+	53	286	2162	260	3		
1700.	1890	22.10.18	BS	32	M	96	170	R	VD	B+ve	14.9	303	SDP	6	MCS+	74	356	2673	240	3.6		
1701.	1891	22.10.18	AS	42	M	70	164	R	VD	O+ve	13.4	265	SDP	6.4	MCS+	53	286	2162	260	3		
1702.	1892	22.10.18	RJ	21	M	80	180	FT	VD	AB+ve	15.1	252	SDP	7.1	MCS+	80	377	2856	270	4		
1703.	1893	22.10.18	AM	31	M	70	170	FT	VD	O+ve	13.9	270	SDP	6	MCS+	78	380	2880	250	3.7		
1704.	1894	22.10.18	VI	24	M	75	175	FT	VD	B+ve	15.7	370	SDP	6	MCS+	72	363	2778	373	4.9		
1705.	1895	22.10.18	RT	35	M	67	172	R	VD	O+ve	14.5	295	SDP	6.6	MCS+	80	360	2840	260	4.2		
1706.	1896	22.10.18	AC	30	M	75	170	FT	VD	B+ve	14.9	334	SDP	6.5	TRIMA	35	156	1723	214	3		
1707.	1897	22.10.18	MK	35	M	62	175	R	VD	O+ve	14	269	SDP	6.2	MCS+	73	315	2729	265	3.5		
1708.	1898	22.10.18	AS	27	M	70	167	R	VD	B+ve	15.5	204	SDP	6	MCS+	90	369	2966	270	3		
1709.	1899	22.10.18	JA	39	M	80	168	FT	VD	AB+ve	16	346	SDP	6	MCS+	74	321	2487	240	3.6		
1710.	1902	22.10.18	SS	26	M	82	172	R	VD	A+ve	13.8	201	SDP	6	MCS+	90	369	2966	270	3		
1711.	1903	22.10.18	AN	26	M	98	175	R	VD	B+ve	15.8	247	SDP	7	MCS+	74	370	2830	280	3		
1712.	1904	22.10.18	AN	34	M	73	180	R	VD	B+ve	15	269	SDP	6.8	MCS+	70	330	2678	280	3.3		
1713.	1905	22.10.18	RA	23	M	80	170	R	VD	B+ve	14.8	239	SDP	6	MCS+	82	370	2890	265	3.4		
1714.	1906	22.10.18	YA	30	M	74	164	R	VD	B+ve	12.3	223	SDP	6	TRIMA	51	221	2369	216	3		
1715.	1907	22.10.18	KU	42	M	68	180	R	VD	A+ve	12.8	282	SDP	6.5	TRIMA	47	214	2427	285	4		
1716.	1908	22.10.18	JS	38	M	75	170	R	VD	O+ve	11.9	462	SDP	6	TRIMA	77	209	2681	501	7		
1717.	1909	22.10.18	DS	23	M	80	175	FT	VD	A+ve	13.5	257	SDP	7.1	TRIMA	43	187	2045	215	3		
1718.	1910	22.10.18	RS	19	M	80	172	FT	RD	B+ve	14.7	324	SDP	6	TRIMA	35	156	1723	214	3		
1719.	1911	23.10.18	GS	41	M	80	170	R	RD	O-ve	16.8	214	SDP	6.2	TRIMA	51	221	2369	216	3		
1720.	1912	23.10.18	HB	22	M	78	175	FT	VD	O+ve	16.6	508	SDP	6	TRIMA	77	209	2681	501	7		
1721.	1913	23.10.18	MS	49	M	75	167	FT	VD	B+ve	16.6	231	SDP	6.8	TRIMA	59	244	2748	286	4		
1722.	1914	23.10.18	AS	23	M	80	168	FT	VD	O+ve	15.9	289	SDP	6	TRIMA	60	255	2335	308	4		
1723.	1915	23.10.18	PR	23	M	62	172	R	VD	A+ve	15.2	240	SDP	6	TRIMA	50	240	2791	218	4		Kit Extra Technique Related
1724.	1916	23.10.18	RS	23	M	74	175	FT	VD	O+ve	14.6	325	SDP	7.1	TRIMA	35	156	1723	214	3		
1725.	1917	23.10.18	GS	35	M	73	180	R	VD	B+ve	13.8	239	SDP	6.5	MCS+	82	370	2890	265	3.4		
1726.	1918	23.10.18	RA	29	M	68	154	R	VD	B+ve	14.1	233	SDP	6	MCS+	82	370	2890	265	3.4		
1727.	1919	23.10.18	VI	22	M	92	170	FT	VD	AB+ve	16.1	190	SDP	6	MCS+	102	418	3363	315	3		
1728.	1920	23.10.18	TE	22	M	74	172	R	VD	O+ve	16.8	242	SDP	6.4	MCS+	80	377	2856	273	4.1		
1729.	1921	23.10.18	RK	24	M	84	170	FT	VD	B+ve	16	293	SDP	6	TRIMA	60	255	2335	308	4		
1730.	1922	23.10.18	SA	32	M	60	170	R	VD	O+ve	14	273	SDP	6.4	TRIMA	59	230	2556	286	4		
1731.	1923	23.10.18	HA	31	M	70	180	FT	VD	B+ve	13.1	320	SDP	7.1	MCS+	72	287	2250	215	3.2		
1732.	1924	23.10.18	DH	24	M	71	167	FT	VD	O+ve	14.6	282	SDP	6	MCS+	68	315	2578	270	3		
1733.	1925	23.10.18	SH	23	M	63	180	R	VD	B+ve	15.5	263	SDP	6	MCS+	93	324	2765	271	3.5		
1734.	1926	23.10.18	VS	26	M	60	169	R	VD	A+ve	13.5	210	SDP	6.6	TRIMA	44	212	2279	214	3		
1735.	1927	23.10.18	SS	36	M	68	176	R	RD	B+ve	15.4	271	SDP	6.5	MCS+	78	380	2880	250	3.7		
1736.	1928	23.10.18	AM	27	M	68	180	R	VD	O+ve	15.1	257	SDP	6.2	MCS+	93	324	2765	271	3.5		
1737.	1929	23.10.18	MS	22	M	80	180	R	VD	A+ve	13.6	291	SDP	6	MCS+	77	360	2840	270	4		
1738.	1930	23.10.18	MA	40	M	68	167	FT	VD	O+ve	13.6	208	SDP	6	MCS+	90	369	2966	270	3		
1739.	1931	23.10.18	DA	25	M	62	168	FT	VD	B+ve	15.7	292	SDP	6.8	MCS+	69	334	2540	220	3.2		
1740.	1932	23.10.18	KA	38	M	70	172	FT	VD	O+ve	15.8	333	SDP	6.8	TRIMA	35	156	1723	214	3		
1741.	1934	23.10.18	BS	22	M	79	175	FT	VD	B+ve	14.8	260	SDP	6	TRIMA	43	187	2045	215	3		Vasovagal
1742.	1935	23.10.18	SA	25	M	75	180	FT	VD	B+ve	16	244	SDP	6	MCS+	74	370	2830	280	3		
1743.	1936	23.10.18	MK	34	M	84	154	R	VD	AB+ve	15	198	SDP	6	MCS+	87	367	2964	268	3		
1744.	1937	23.10.18	KI	26	M	60	170	R	VD	B+ve	16	233	SDP	6	MCS+	82	370	2890	265	3.4		
1745.	1938	23.10.18	JA	47	M	67	172	R	VD	B+ve	14.2	200	SDP	7.3	MCS+	90	369	2966	270	3		
1746.	1939	23.10.18	GH	37	M	65	170	R	VD	O+ve	13	317	SDP	6	MCS+	72	287	2250	215	3.2		
1747.	1940	23.10.18	JA	30	M	62	170	R	VD	O+ve	13.9	203	SDP	6	MCS+	90	369	2966	270	3		
1748.	1941	23.10.18	IS	25	M	96	180	FT	VD	A+ve	14.2	223	SDP	6	MCS+	73	354	2876	240	3.1		
1749.	1942	23.10.18	RK	26	M	78	167	R	VD	B+ve	14.8	409	SDP	7.6	MCS+	59	379	2498	339	4.7		
1750.	1943	23.10.18	KU	27	M	65	180	R	VD	A+ve	16.3	311	SDP	7.3	MCS+	82	367	2840	220	4.1		
1751.	1944	24.10.18	S	29	M	87	169	R	VD	A+ve	14.9	216	SDP	7.4	MCS+	70	336	2665	260	3		
1752.	1945	24.10.18	PS	28	M	78	176	R	VD	A+ve	14.5	207	SDP	6.5	MCS+	90	369	2966	270	3		
1753.	1946	24.10.18	LR	33	M	64	180	R	VD	O+ve	15.3	239	SDP	6	MCS+	82	370	2890	265	3.4		
1754.	1947	24.10.18	JA	31	M	84	165	FT	RD	O+ve	16.2	261	SDP	6	MCS+	93	324	2765	271	3.5		Citrate Toxicity
1755.	1948	24.10.18	GS	24	M	90	165	FT	VD	B+ve	14.9	340	SDP	6.4	MCS+	80	352	2790	330	5.1		
1756.	1949	24.10.18	BS	45	M	68	170	R	VD	A+ve	14.8	260	SDP	6.4	MCS+	93	324	2765	271	3.5		
1757.	1951	24.10.18	SK	35	M	72	165	R	VD	AB+ve	14.7	262	SDP	6.2	MCS+	93	324	2765	271	3.5		
1758.	1952	24.10.18	BU	29	M	60	175	R	VD	A+ve	15.4	203	SDP	6	MCS+	90	369	2966	270	3		
1759.	1953	24.10.18	VK	25	M	68	170	FT	VD	O+ve	15.7	224	SDP	6	MCS+	73	354	2876	240	3.1		
1760.	1954	24.10.18	MR	35	M	60	170	R	VD	B+ve	15.8	247	SDP	6	MCS+	74	370	2830	280	3		
1761.	1955	24.10.18	VK	40	M	60	177	FT	VD	B+ve	12.7	211	SDP	6	MCS+	90	369	2966	270	3		
1762.	1956	24.10.18	PK	31	M	82	170	FT	VD	O+ve	14.5	319	SDP	7.1	TRIMA	47	187	2161	289	4		
1763.	1957	24.10.18	YA	29	M	84	170	R	VD	A+ve	15.9	336	SDP	6.5	MCS+	80	352	2790	330	5.1		
1764.	1958	24.10.18	HA	30	M	70	164	R	VD	O+ve	14.7	276	SDP	6	TRIMA	59	230	2556	286	4		
1765.	1959	24.10.18	NE	43	M	73	180	FT	VD	B+ve	14.1	212	SDP	6	MCS+	90	369	2966	270	3		
1766.	1960	24.10.18	NJ	45	M	60	170	FT	VD	B+ve	14.6	211	SDP	6.4	MCS+	90	369	2966	270	3		

Sr. No.	DP. No.	Date	Donor's Name & Address	Age	Sex	Weight (Kg)	Height (Cms)	First Time Donor/ Repeat Donor	Voluntary Donor/ Replacement Donor	Blood Group	Hb (g/dl)	Platelet Count (nX109/L)	Type of Procedure SDP/ Plasma Pheresis	TSP (g/dl)	Equipment TRIMA/ MCS+	Duration in min	Volume of Anticoa gulant Used (ml)	Whole Blood Used (ml)	Volume (ml)	PLT YIELD (X1011/µl)	Discard	Adverse Event
1767.	1961	24.10.18	MD	29	M	65	175	R	VD	A+ve	15.1	230	SDP	6	MCS+	82	370	2890	265	3.4		
1768.	1962	24.10.18	SA	38	M	68	172	FT	VD	O+ve	14.7	415	SDP	6.4	MCS+	123	480	3541	340	6		
1769.	1963	24.10.18	SS	23	M	95	170	R	VD	A+ve	14	262	SDP	7.1	MCS+	93	324	2765	271	3.5		
1770.	1964	24.10.18	AA	35	M	85	175	R	VD	O+ve	15.8	331	SDP	6	MCS+	82	358	2693	330	4.8		
1771.	1965	24.10.18	SS	32	M	83	167	R	VD	A+ve	12.8	300	SDP	6	MCS+	74	356	2673	240	3.6		
1772.	1966	24.10.18	SS	38	M	80	170	FT	VD	B+ve	14.6	198	SDP	6.6	TRIMA	50	228	2477	213	3		
1773.	1967	24.10.18	RL	38	M	67	170	FT	VD	B+ve	15.6	412	SDP	6.5	MCS+	59	379	2498	339	4.7		
1774.	1968	24.10.18	AK	19	M	60	175	FT	RD	B+ve	16.4	191	SDP	6.2	MCS+	102	418	3363	315	3		
1775.	1969	24.10.18	GS	28	M	80	170	R	VD	O+ve	14.8	207	SDP	6	MCS+	90	369	2966	270	3		
1776.	1970	24.10.18	SS	19	M	82	180	FT	RD	B+ve	13.9	252	SDP	6	MCS+	80	377	2856	270	4		
1777.	1971	24.10.18	AR	19	M	70	165	FT	RD	O+ve	16.9	313	SDP	6.8	MCS+	65	310	2440	273	3.5		
1778.	1972	24.10.18	HA	63	M	80	170	R	VD	B+ve	14.9	227	SDP	6.8	MCS+	81	366	2887	263	3.4		
1779.	1973	24.10.18	AV	35	M	80	180	R	VD	B+ve	14.7	277	SDP	6	MCS+	82	370	2990	270	3.8		
1780.	1974	24.10.18	AN	29	M	70	162	FT	VD	B+ve	15.7	252	SDP	6	MCS+	80	377	2856	270	4		
1781.	1975	24.10.18	NA	32	M	77	172	R	VD	B+ve	14.7	256	SDP	6	MCS+	73	329	2710	258	3.5		
1782.	1976	24.10.18	AD	33	M	82	170	R	VD	O+ve	13.8	291	SDP	6	MCS+	77	360	2840	270	4		
1783.	1977	24.10.18	RA	32	M	84	167	R	VD	B+ve	16	239	SDP	7.3	MCS+	82	370	2890	265	3.4		
1784.	1978	24.10.18	SH	34	M	62	165	R	VD	AB+ve	14.8	374	SDP	6	TRIMA	39	143	1618	215	3		
1785.	1979	24.10.18	BA	33	M	90	162	FT	VD	O+ve	15.1	410	SDP	6	TRIMA	39	143	1618	215	3		
1786.	1980	24.10.18	AM	18	M	62	175	FT	VD	O-ve	15.6	305	SDP	6	TRIMA	38	177	1803	214	3		
1787.	1981	24.10.18	LO	27	M	74	170	R	VD	O+ve	15.2	326	SDP	7.6	TRIMA	35	156	1723	214	3		
1788.	1982	24.10.18	JA	34	M	60	173	R	VD	O+ve	14.4	286	SDP	6	TRIMA	36	165	1848	214	3		
1789.	1983	24.10.18	LC	24	M	70	165	FT	VD	A+ve	16.8	381	SDP	6	TRIMA	39	143	1618	215	3		
1790.	1984	24.10.18	AH	40	M	78	165	FT	VD	B+ve	14	278	SDP	6	MCS+	68	315	2578	270	3		
1791.	1985	24.10.18	DE	25	M	84	167	FT	VD	O+ve	13	293	SDP	6	MCS+	69	334	2540	220	3.2		
1792.	1986	24.10.18	MA	46	M	88	165	R	VD	B+ve	13.1	286	SDP	6	MCS+	68	315	2578	270	3		
1793.	1987	24.10.18	IN	33	M	65	163	FT	VD	O+ve	14.8	200	SDP	6	MCS+	90	369	2966	270	3		
1794.	1988	24.10.18	HA	27	M	60	167	R	VD	O+ve	15.9	410	SDP	6	MCS+	59	379	2498	339	4.7		
1795.	1989	24.10.18	JA	42	M	84	167	R	VD	B+ve	15	293	SDP	6	MCS+	69	334	2540	220	3.2		
1796.	1990	25.10.18	LALIT	34	M	84	168	FT	VD	A+ve	14.8	396	SDP	6	MCS+	67	280	2445	330	5.6		
1797.	1991	25.10.18	GK	36	M	65	166	FT	RD	B+ve	15.3	255	SDP	6	MCS+	73	329	2710	258	3.5		
1798.	1992	25.10.18	JS	22	M	85	170	R	VD	O+ve	15.3	328	SDP	6	MCS+	80	350	2710	290	4.8		
1799.	1993	25.10.18	VK	43	M	65	177	R	VD	O+ve	14.1	323	SDP	6	MCS+	80	350	2710	290	4.8		
1800.	1994	25.10.18	YS	42	M	95	170	R	VD	O+ve	14.3	289	SDP	6	MCS+	77	360	2840	270	4		
1801.	1995	25.10.18	SS	27	M	60	170	R	VD	AB+ve	14.9	214	SDP	6	MCS+	70	336	2665	260	3		
1802.	1997	25.10.18	RV	39	M	72	167	R	VD	O+ve	14.1	316	SDP	6	MCS+	65	310	2440	273	3.5		
1803.	1998	25.10.18	SD	32	M	100	170	R	VD	A+ve	14.9	248	SDP	7.3	MCS+	74	370	2830	280	3		
1804.	2000	25.10.18	CB	24	M	78	168	FT	VD	AB+ve	14.7	241	SDP	6	MCS+	82	370	2890	265	3.4		
1805.	2001	25.10.18	HS	30	M	71	170	R	RD	O+ve	12.8	258	SDP	6	MCS+	93	324	2765	271	3.5		Extra Kit Machine Brake Down
1806.	2002	25.10.18	RA	31	M	72	172	R	VD	O+ve	14	336	SDP	6	MCS+	80	352	2790	330	5.1		
1807.	2003	25.10.18	RA	35	M	85	182	R	VD	A+ve	13.4	399	SDP	7.6	MCS+	67	280	2445	330	5.6		
1808.	2004	25.10.18	KA	30	M	84	158	R	VD	B+ve	14.7	210	SDP	7.3	MCS+	90	369	2966	270	3		
1809.	2005	25.10.18	MA	45	M	80	165	R	VD	O+ve	13.6	196	SDP	7.4	MCS+	87	367	2964	268	3		
1810.	2006	25.10.18	DS	27	M	62	170	R	VD	B+ve	13.7	220	SDP	6.5	MCS+	73	336	2665	290	3		
1811.	2007	25.10.18	PS	25	M	72	165	FT	RD	B+ve	13.8	250	SDP	6	MCS+	72	330	2630	282	3		Citrate Toxicity
1812.	2008	25.10.18	AJ	32	M	78	168	R	VD	B+ve	14.3	350	SDP	6	TRIMA	39	143	1618	215	3		
1813.	2009	25.10.18	NA	37	M	69	168	R	VD	O+ve	13.4	374	SDP	6.4	TRIMA	39	143	1618	215	3		
1814.	2010	25.10.18	RK	44	M	80	167	R	VD	A+ve	15.6	302	SDP	6.4	TRIMA	38	177	1803	214	3		
1815.	2011	25.10.18	NI	22	M	70	175	R	VD	O+ve	14.6	343	SDP	6.2	MCS+	74	321	2487	240	3.6		
1816.	2012	25.10.18	RL	44	M	78	170	R	VD	B+ve	13.5	217	SDP	6	MCS+	70	336	2665	260	3		
1817.	2013	25.10.18	JS	33	M	66	170	FT	VD	B+ve	14.5	285	SDP	6	MCS+	68	315	2578	270	3		
1818.	2014	25.10.18	YS	22	M	63	170	R	VD	O+ve	15.8	308	SDP	6	MCS+	70	311	2434	275	3.6		
1819.	2015	25.10.18	PK	22	M	76	170	R	VD	B+ve	14.7	222	SDP	6	TRIMA	51	221	2369	216	3		
1820.	2016	25.10.18	GS	50	M	67	170	FT	VD	B+ve	13.8	272	SDP	7.1	TRIMA	59	230	2556	286	4		
1821.	2017	25.10.18	AM	43	M	74	164	FT	VD	AB+ve	15.4	269	SDP	6.5	TRIMA	59	230	2556	286	4		
1822.	2018	25.10.18	AM	28	M	85	180	R	VD	B+ve	14.8	209	SDP	6	TRIMA	55	234	2499	214	3		
1823.	2019	25.10.18	AN	23	M	75	170	R	VD	O+ve	14	430	SDP	6	MCS+	123	480	3541	340	6		
1824.	2020	25.10.18	KA	27	M	72	175	R	RD	B+ve	16.8	292	SDP	6.4	MCS+	69	334	2540	220	3.2	Discarded	
1825.	2021	25.10.18	MB	22	M	68	172	R	VD	B+ve	14.3	347	SDP	6	MCS+	74	321	2487	240	3.6		
1826.	2022	25.10.18	VS	39	M	70	170	R	VD	O+ve	14.3	288	SDP	6.4	MCS+	68	315	2578	270	3		
1827.	2023	25.10.18	RA	25	M	75	175	R	VD	A+ve	13.8	205	SDP	7.1	TRIMA	55	234	2499	214	3		
1828.	2024	25.10.18	VK	29	M	80	165	FT	VD	A+ve	15.4	244	SDP	6	TRIMA	50	193	2089	214	3		
1829.	2025	25.10.18	AJ	44	M	78	165	FT	VD	B+ve	14.6	328	SDP	6	MCS+	80	350	2710	290	4.8		
1830.	2026	25.10.18	DA	26	M	60	175	R	VD	O+ve	15.4	238	SDP	6.6	MCS+	82	370	2890	265	3.4		
1831.	2027	25.10.18	RA	38	M	60	180	FT	VD	B+ve	15.8	268	SDP	6.5	MCS+	53	286	2162	260	3		
1832.	2028	26.10.18	TS	25	M	70	170	R	VD	AB+ve	16	263	SDP	6.2	TRIMA	43	187	2045	215	3		
1833.	2029	26.10.18	SU	32	M	74	175	FT	VD	B+ve	14.3	332	SDP	6	TRIMA	35	156	1723	214	3		
1834.	2030	26.10.18	AM	22	M	64	172	R	VD	O+ve	14.2	193	SDP	6	MCS+	102	418	3363	315	3		Citrate Toxicity
1835.	2031	26.10.18	JI	26	M	68	170	R	VD	AB+ve	15.2	393	SDP	7	TRIMA	39	143	1618	215	3		
1836.	2033	26.10.18	GS	27	M	85	175	R	VD	AB+ve	17	306	SDP	6.8	MCS+	74	356	2673	240	3.6		
1837.	2034	26.10.18	KS	36	M	65	167	FT	RD	O+ve	13.4	222	SDP	6	MCS+	73	336	2665	290	3		
1838.	2035	26.10.18	SS	32	M	84	168	FT	VD	B+ve	13.9	213	SDP	6	MCS+	90	369	2966	270	3		
1839.	2036	26.10.18	MS	54	M	75	172	R	VD	B+ve	14.1	250	SDP	6.5	MCS+	72	330	2630	282	3		
1840.	2037	26.10.18	RI	44	M	84	175	FT	VD	B+ve	13.04	211	SDP	6	MCS+	90	369	2966	270	3		
1841.	2038	26.10.18	YA	24	M	68	180	R	VD	A+ve	15.1	321	SDP	7.1	MCS+	72	287	2250	215	3.2		
1842.	2039	26.10.18	AS	29	M	65	170	FT	VD	O+ve	15.7	364	SDP	6	TRIMA	39	143	1618	215	3		
1843.	2040	26.10.18	KB	44	M	68	164	R	VD	AB+ve	16.7	306	SDP	6.2	TRIMA	38	177	1803	214	3		
1844.	2041	26.10.18	RV	27	M	60	180	R	VD	A-ve	14	290	SDP	6	MCS+	77	360	2840	270	4		

Sr. No.	DP. No.	Date	Donor's Name & Address	Age	Sex	Weight (Kg)	Height (Cms)	First Time Donor/ Repeat Donor	Voluntary Donor/ Replacement Donor	Blood Group	Hb (g/dl)	Platelet Count (nX109/L)	Type of Procedure SDP/ Plasma Pheresis	TSP (g/dl)	Equipment TRIMA/ MCS+	Duration in min	Volume of Anticoa gulant Used (ml)	Whole Blood Used (ml)	Volume (ml)	PLT YIELD (X1011/µl)	Discard	Adverse Event
1845.	2042	26.10.18	JA	21	M	62	170	FT	VD	B+ve	14.1	359	SDP	6.8	MCS+	74	321	2487	240	3.6		
1846.	2043	26.10.18	CH	30	M	80	175	R	VD	O-ve	14.8	236	SDP	6	MCS+	82	370	2890	265	3.4		
1847.	2044	26.10.18	SS	20	M	72	172	FT	VD	O+ve	14.3	395	SDP	6	MCS+	67	280	2445	330	5.6		
1848.	2045	26.10.18	GC	34	M	60	170	FT	VD	AB+ve	13.1	328	SDP	7.1	TRIMA	35	156	1723	214	3		
1849.	2046	26.10.18	RJ	32	M	60	175	FT	VD	B+ve	14.4	283	SDP	6.5	MCS+	68	315	2578	270	3		
1850.	2047	26.10.18	RC	54	M	60	167	R	VD	B+ve	14.6	276	SDP	6	MCS+	82	370	2990	270	3.8		
1851.	2048	26.10.18	VI	28	M	72	168	R	VD	O+ve	14.8	369	SDP	6	MCS+	77	354	2768	340	5		
1852.	2049	26.10.18	GS	20	M	80	172	FT	VD	O+ve	12.7	248	SDP	6.4	MCS+	74	370	2830	280	3		
1853.	2050	26.10.18	KS	31	M	100	175	R	VD	A+ve	13.3	430	SDP	6	TRIMA	77	209	2681	501	7		
1854.	2051	26.10.18	MK	32	M	84	180	FT	VD	B+ve	14.7	220	SDP	6.4	TRIMA	51	221	2369	216	3		
1855.	2053	26.10.18	SB	20	M	79	154	FT	VD	AB+ve	14.3	308	SDP	7.1	TRIMA	38	177	1803	214	3		
1856.	2054	26.10.18	HA	27	M	88	170	FT	VD	B+ve	13.1	233	SDP	6	TRIMA	60	220	2256	213	3		
1857.	2055	26.10.18	SA	22	M	60	172	FT	VD	B+ve	11.9	297	SDP	6	MCS+	74	356	2673	240	3.6		Citrate Toxicity
1858.	2056	26.10.18	VI	20	M	95	170	FT	VD	B+ve	15.6	380	SDP	6.6	TRIMA	39	143	1618	215	3		
1859.	2057	26.10.18	JA	47	M	70	170	R	VD	B+ve	15.3	270	SDP	6.5	TRIMA	59	230	2556	286	4		
1860.	2058	26.10.18	DI	20	M	68	180	R	RD	AB+ve	14.5	302	SDP	6.2	MCS+	74	356	2673	240	3.6		
1861.	2059	26.10.18	SH	19	M	78	167	FT	RD	AB+ve	14.7	460	SDP	6	MCS+	76	320	2750	278	5.8		
1862.	2060	27.10.18	MS	40	M	84	180	R	VD	B+ve	14.6	205	SDP	6	MCS+	90	369	2966	270	3		
1863.	2061	27.10.18	2035	35	M	82	169	FT	VD	AB+ve	11.7	307	SDP	6.8	MCS+	74	356	2673	240	3.6		
1864.	2062	27.10.18	AS	25	M	98	176	R	VD	B-ve	14.1	321	SDP	6.8	MCS+	72	287	2250	215	3.2		
1865.	2063	27.10.18	AM	35	M	74	180	FT	VD	O-ve	15.3	265	SDP	6	MCS+	53	286	2162	260	3		
1866.	2064	27.10.18	SJ	38	M	78	180	FT	VD	B+ve	15	297	SDP	6	MCS+	74	356	2673	240	3.6		
1867.	2065	27.10.18	GS	24	M	70	167	R	VD	A+ve	14	218	SDP	6	MCS+	70	336	2665	260	3		
1868.	2066	27.10.18	DE	23	M	65	168	R	VD	AB+ve	14.4	207	SDP	6	MCS+	90	369	2966	270	3		
1869.	2067	27.10.18	NK	30	M	70	172	R	VD	O+ve	14.2	296	SDP	7.3	MCS+	80	360	2840	260	4.2		
1870.	2068	27.10.18	MS	28	M	84	175	FT	VD	O-ve	14.6	193	SDP	6	MCS+	102	418	3363	315	3		
1871.	2069	27.10.18	AK	46	M	65	180	FT	VD	A+ve	14.8	305	SDP	6	MCS+	74	356	2673	240	3.6		
1872.	2070	27.10.18	RK	32	M	95	154	FT	VD	O+ve	13.7	209	SDP	6	MCS+	90	369	2966	270	3		
1873.	2071	27.10.18	SH	23	M	78	170	FT	VD	O+ve	14.8	223	SDP	7.6	TRIMA	51	221	2369	216	3		Vasovagal
1874.	2072	27.10.18	RK	47	M	72	172	R	RD	B-ve	13.8	303	SDP	7.3	TRIMA	38	177	1803	214	3		
1875.	2073	27.10.18	RB	61	M	92	170	R	VD	A+ve	14	224	SDP	7.4	MCS+	73	354	2876	240	3.1		
1876.	2074	27.10.18	SK	30	M	87	170	R	VD	A+ve	15.1	411	SDP	6.5	MCS+	59	379	2498	339	4.7		
1877.	2075	27.10.18	DK	26	M	60	180	R	VD	A+ve	13.9	303	SDP	6	MCS+	74	356	2673	240	3.6		
1878.	2076	27.10.18	VS	27	M	68	167	FT	VD	AB+ve	14.4	308	SDP	6	MCS+	70	311	2434	275	3.6		
1879.	2077	27.10.18	NK	50	M	70	180	FT	VD	AB+ve	15.1	368	SDP	6.4	MCS+	123	480	3541	340	6		
1880.	2078	27.10.18	SP	43	M	82	169	FT	VD	B+ve	15.8	348	SDP	6.4	MCS+	74	321	2487	240	3.6		
1881.	2079	27.10.18	BR	26	M	72	176	R	VD	A+ve	14.3	212	SDP	6.2	MCS+	90	369	2966	270	3		
1882.	2080	27.10.18	MA	30	M	76	180	R	VD	O+ve	15.7	217	SDP	6	TRIMA	51	221	2369	216	3		
1883.	2081	27.10.18	AB	43	M	75	165	R	VD	B+ve	14.6	190	SDP	6	TRIMA	50	228	2477	213	3		
1884.	2083	27.10.18	SK	22	M	78	165	R	VD	B+ve	15.4	267	SDP	6	TRIMA	59	230	2556	286	4		
1885.	2084	27.10.18	BA	43	M	72	170	R	VD	A+ve	16	274	SDP	6	MCS+	70	324	2585	250	3.2		
1886.	2085	27.10.18	HA	24	M	70	165	R	VD	B+ve	14.3	385	SDP	7.1	TRIMA	39	143	1618	215	3		
1887.	2086	27.10.18	AV	28	M	61	175	FT	VD	AB+ve	15.2	268	SDP	6.5	TRIMA	59	230	2556	286	4		
1888.	2087	27.10.18	AB	32	M	77	170	FT	VD	O+ve	15	281	SDP	6	MCS+	68	315	2578	270	3		
1889.	2088	27.10.18	GA	26	M	68	170	FT	VD	A+ve	14	251	SDP	6	TRIMA	44	191	2110	214	3		Vasovagal
1890.	2089	27.10.18	GA	31	M	68	177	R	VD	O+ve	14.6	285	SDP	6.4	MCS+	68	315	2578	270	3		
1891.	2090	27.10.18	AM	24	M	78	170	R	VD	AB+ve	14.9	242	SDP	6	MCS+	80	377	2856	273	4.1		
1892.	2091	27.10.18	VK	23	M	80	170	R	VD	O+ve	15.1	197	SDP	6.4	MCS+	87	367	2964	268	3		
1893.	2092	27.10.18	PK	25	M	68	164	R	VD	B+ve	13.8	194	SDP	7.1	MCS+	102	418	3363	315	3		
1894.	2093	27.10.18	KA	24	M	78	180	FT	RD	A+ve	14.8	376	SDP	6	MCS+	114	475	3364	401	5.5		Citrate Toxicity
1895.	2094	27.10.18	AK	37	M	74	170	R	VD	O+ve	14.8	333	SDP	6	TRIMA	35	156	1723	214	3		
1896.	2095	27.10.18	NS	36	M	60	175	FT	VD	O+ve	13.4	223	SDP	6.6	MCS+	73	354	2876	240	3.1		
1897.	2096	27.10.18	AK	22	M	60	172	R	VD	B+ve	14.5	221	SDP	6.5	TRIMA	51	221	2369	216	3		
1898.	2097	27.10.18	SS	30	M	85	170	R	RD	O+ve	15.4	265	SDP	6.2	MCS+	53	286	2162	260	3		
1899.	2098	27.10.18	SU	20	M	97	175	R	VD	O+ve	16.3	239	SDP	6	MCS+	82	370	2890	265	3.4		
1900.	2099	28.10.18	DS	48	M	68	167	FT	VD	O+ve	15.2	217	SDP	6	MCS+	70	336	2665	260	3		
1901.	2100	28.10.18	HK	43	M	80	170	R	VD	A+ve	15.3	257	SDP	6.8	MCS+	93	324	2765	271	3.5		
1902.	2101	28.10.18	AS	38	M	73	170	FT	VD	B+ve	14.1	220	SDP	6.8	MCS+	73	336	2665	290	3		
1903.	2102	28.10.18	SC	43	M	80	175	R	VD	O+ve	16.2	267	SDP	6	MCS+	53	286	2162	260	3		
1904.	2103	28.10.18	S	28	M	74	170	FT	VD	B+ve	14.2	265	SDP	6	MCS+	53	286	2162	260	3		
1905.	2104	28.10.18	AM	29	M	70	180	FT	VD	B+ve	14.3	237	SDP	6	MCS+	82	370	2890	265	3.4		
1906.	2105	28.10.18	RS	61	M	97	165	R	VD	A+ve	14.5	244	SDP	6	MCS+	74	370	2830	280	3		
1907.	2106	28.10.18	AS	29	M	82	170	R	VD	O+ve	15.1	296	SDP	7.3	MCS+	80	360	2840	260	4.2		
1908.	2107	28.10.18	SD	29	M	60	180	R	VD	B+ve	16	303	SDP	6	TRIMA	38	177	1803	214	3		
1909.	2108	28.10.18	LK	21	M	65	162	R	VD	A+ve	15.8	302	SDP	6	TRIMA	38	177	1803	214	3		
1910.	2109	28.10.18	MK	23	M	87	172	R	VD	A+ve	14.7	314	SDP	6	MCS+	65	310	2440	273	3.5		
1911.	2110	28.10.18	RA	18	M	82	170	FT	VD	O+ve	15	333	SDP	7.6	MCS+	82	358	2693	330	4.8		
1912.	2111	28.10.18	MS	24	M	100	167	R	VD	A-ve	15.9	363	SDP	6	MCS+	75	358	2693	340	4.8		
1913.	2112	28.10.18	AK	30	M	80	165	R	RD	B+ve	16.5	200	SDP	6	MCS+	90	369	2966	270	3		
1914.	2113	28.10.18	HJ	23	M	80	162	R	VD	O+ve	16.2	257	SDP	6	MCS+	93	324	2765	271	3.5		
1915.	2114	28.10.18	SS	24	M	73	175	FT	VD	B+ve	13.9	258	SDP	6	TRIMA	43	187	2045	215	3		
1916.	2115	28.10.18	SK	38	M	84	170	R	VD	B+ve	15	198	SDP	6	MCS+	87	367	2964	268	3		
1917.	2116	28.10.18	VW	22	M	84	173	FT	VD	AB+ve	14.5	361	SDP	6	MCS+	75	358	2693	340	4.8		
1918.	2117	28.10.18	AKJ	32	M	70	165	FT	VD	A+ve	15.7	357	SDP	6	MCS+	74	321	2487	240	3.6		
1919.	2118	28.10.18	SB	40	M	75	165	R	RD	O+ve	16.5	347	SDP	6	MCS+	74	321	2487	240	3.6		
1920.	2119	28.10.18	SS	25	M	75	167	R	VD	B+ve	16.6	371	SDP	6	MCS+	72	363	2778	373	4.9		
1921.	2120	28.10.18	CS	20	M	74	165	R	VD	A+ve	13	361	SDP	6	MCS+	75	358	2693	340	4.8		Citrate Toxicity
1922.	2121	28.10.18	JS	25	M	76	163	R	VD	A+ve	15.9	321	SDP	6	TRIMA	35	156	1723	214	3		

Sr. No.	DP. No.	Date	Donor's Name & Address	Age	Sex	Weight (Kg)	Height (Cms)	First Time Donor/ Repeat Donor	Voluntary Donor/ Replacement Donor	Blood Group	Hb (g/dl)	Platelet Count (nX109/L)	Type of Procedure SDP/ Plasma Pheresis	TSP (g/dl)	Equipment TRIMA/ MCS+	Duration in min	Volume of Anticoa gulant Used (ml)	Whole Blood Used (ml)	Volume (ml)	PLT YIELD (X1011/µl)	Discard	Adverse Event
1923.	2122	28.10.18	MK	24	M	90	167	FT	VD	A+ve	15.5	278	SDP	6	TRIMA	65	228	2287	286	4		
1924.	2123	28.10.18	CJ	31	M	70	167	R	VD	A+ve	14.7	286	SDP	6	MCS+	68	315	2578	270	3		
1925.	2124	28.10.18	KS	43	M	65	168	R	VD	A+ve	15.5	205	SDP	6	MCS+	90	369	2966	270	3		
1926.	2125	28.10.18	GS	32	M	84	166	R	VD	AB-ve	14.7	216	SDP	6	TRIMA	51	221	2369	216	3		
1927.	2126	28.10.18	RJ	27	M	90	170	FT	VD	O+ve	15.2	256	SDP	7.3	MCS+	73	329	2710	258	3.5		
1928.	2127	28.10.18	BH	28	M	60	177	FT	VD	O+ve	13.9	201	SDP	6	MCS+	90	369	2966	270	3		
1929.	2128	28.10.18	BA	38	M	60	170	FT	VD	B+ve	13.9	198	SDP	6	MCS+	87	367	2964	268	3		Citrate Toxicity
1930.	2129	28.10.18	SU	25	M	60	170	R	VD	A+ve	13.6	249	SDP	6	TRIMA	44	191	2110	214	3		
1931.	2130	28.10.18	SA	33	M	60	167	R	RD	O+ve	15.8	325	SDP	7.6	MCS+	80	350	2710	290	4.8		Citrate Toxicity
1932.	2131	28.10.18	NI	33	M	75	170	FT	VD	O+ve	14.9	231	SDP	7.3	MCS+	82	370	2890	265	3.4		
1933.	2132	28.10.18	HE	19	M	60	168	R	RD	AB+ve	15	315	SDP	7.4	TRIMA	50	203	1751	214	3		
1934.	2133	28.10.18	GS	24	M	60	170	FT	VD	A+ve	14.2	244	SDP	6.5	MCS+	74	370	2830	280	3		
1935.	2134	28.10.18	PA	34	M	70	172	FT	VD	B+ve	15.8	270	SDP	6	MCS+	78	380	2880	250	3.7		
1936.	2135	28.10.18	DK	25	M	78	182	R	VD	B+ve	13	341	SDP	6	TRIMA	58	160	1890	286	4		
1937.	2136	28.10.18	AK	28	M	98	158	FT	VD	B+ve	14.8	285	SDP	6.4	MCS+	68	315	2578	270	3		
1938.	2137	28.10.18	SK	22	M	68	165	R	VD	O+ve	14.8	248	SDP	6.4	MCS+	74	370	2830	280	3		
1939.	2138	28.10.18	SI	35	M	70	170	FT	RD	B+ve	13.8	316	SDP	6.2	MCS+	65	310	2440	273	3.5		Vascular Injury
1940.	2139	29.10.18	DS	25	M	60	165	R	VD	A+ve	15.4	249	SDP	6	TRIMA	44	191	2110	214	3		
1941.	2140	29.10.18	PR	34	M	74	168	R	VD	B+ve	13.9	313	SDP	6	MCS+	65	310	2440	273	3.5		
1942.	2141	29.10.18	RG	22	M	60	168	FT	RD	A+ve	14.8	482	SDP	6	TRIMA	77	209	2681	501	7		
1943.	2142	29.10.18	IN	22	M	72	167	FT	RD	AB+ve	12.8	265	SDP	6	TRIMA	58	249	2224	239	3		
1944.	2143	29.10.18	SH	19	M	75	175	R	RD	A+ve	13.6	346	SDP	7.1	TRIMA	39	143	1618	215	3		
1945.	2144	29.10.18	AJ	39	M	84	170	R	VD	B+ve	14.1	226	SDP	6.5	MCS+	81	366	2887	263	3.4		
1946.	2145	29.10.18	UK	51	M	80	170	R	VD	B+ve	14.4	278	SDP	6	MCS+	68	315	2578	270	3		
1947.	2146	29.10.18	RK	37	M	62	170	FT	VD	O+ve	14.6	430	SDP	6	MCS+	123	480	3541	340	6		
1948.	2147	29.10.18	MD	39	M	85	170	R	VD	O+ve	13.6	455	SDP	6.4	TRIMA	77	209	2681	501	7		
1949.	2148	29.10.18	SK	25	M	70	170	R	RD	O+ve	16.3	250	SDP	6	TRIMA	44	191	2110	214	3		
1950.	2150	29.10.18	JS	45	M	80	164	R	VD	O+ve	15.9	310	SDP	6.4	TRIMA	38	177	1803	214	3		
1951.	2151	29.10.18	RK	37	M	60	180	FT	VD	A-ve	16.1	237	SDP	7.1	TRIMA	50	184	2046	214	3		
1952.	2152	29.10.18	MK	33	M	92	170	R	VD	O-ve	14.9	306	SDP	6	TRIMA	38	177	1803	214	3		
1953.	2153	29.10.18	AK	32	M	60	175	R	VD	B+ve	14.8	360	SDP	6	MCS+	75	358	2693	340	4.8		
1954.	2154	29.10.18	KU	43	M	75	172	R	VD	O+ve	14.7	306	SDP	6.6	TRIMA	38	177	1803	214	3		
1955.	2155	29.10.18	VI	22	M	60	170	R	RD	B+ve	14.3	249	SDP	6.5	MCS+	74	370	2830	280	3		
1956.	2156	29.10.18	AS	31	M	78	175	R	VD	B+ve	13.9	252	SDP	6.2	TRIMA	44	191	2110	214	3		
1957.	2157	29.10.18	JA	22	M	60	165	R	VD	A+ve	14.6	267	SDP	6	MCS+	53	286	2162	260	3		
1958.	2158	29.10.18	NI	39	M	70	165	R	VD	B+ve	15	229	SDP	6	TRIMA	60	208	2272	215	3		
1959.	2159	29.10.18	RA	33	M	60	175	R	VD	A+ve	14.1	261	SDP	7	TRIMA	43	187	2045	215	3		
1960.	2160	29.10.18	YA	45	M	65	170	FT	VD	B+ve	15.4	269	SDP	6.8	MCS+	70	330	2678	280	3.3		
1961.	2161	29.10.18	PA	39	M	79	170	R	VD	B+ve	15.4	306	SDP	6	MCS+	74	356	2673	240	3.6		
1962.	2162	29.10.18	SK	27	M	60	177	FT	VD	B+ve	13.8	296	SDP	6	MCS+	80	360	2840	260	4.2		
1963.	2163	29.10.18	RA	34	M	68	176	FT	RD	O+ve	13	326	SDP	6.5	MCS+	80	350	2710	290	4.8		
1964.	2164	29.10.18	MA	40	M	65	170	R	RD	B+ve	13.6	391	SDP	6	MCS+	115	480	3456	373	7		
1965.	2165	30.10.18	KS	32	M	65	170	R	RD	B+ve	14.5	306	SDP	7.1	TRIMA	38	177	1803	214	3	Discarded	
1966.	2166	30.10.18	SI	23	M	65	172	R	VD	B+ve	14.3	199	SDP	6	MCS+	90	369	2966	270	3		
1967.	2167	30.10.18	PK	42	M	84	167	FT	VD	O+ve	13	213	SDP	6.2	TRIMA	51	221	2369	216	3		
1968.	2168	30.10.18	AG	44	M	78	165	R	VD	O+ve	12.9	268	SDP	6	MCS+	53	286	2162	260	3		
1969.	2169	30.10.18	KG	31	M	78	170	R	VD	O+ve	15.9	415	SDP	6.8	MCS+	65	321	2487	280	4.5		
1970.	2170	30.10.18	DG	19	M	74	180	R	RD	O+ve	14.7	279	SDP	6	MCS+	68	315	2578	270	3		
1971.	2171	30.10.18	HS	22	M	80	170	R	VD	A+ve	14.2	275	SDP	6	MCS+	82	370	2990	270	3.8		
1972.	2172	30.10.18	RM	28	M	74	170	FT	VD	B+ve	13.4	243	SDP	7.1	MCS+	72	350	2870	266	3.2		
1973.	2173	30.10.18	SJ	19	M	77	165	FT	VD	A+ve	13.8	206	SDP	6.5	MCS+	90	369	2966	270	3		Vasovagal
1974.	2174	30.10.18	SU	26	M	88	165	R	VD	B+ve	14.1	314	SDP	6	MCS+	65	310	2440	273	3.5		
1975.	2176	30.10.18	JS	21	M	60	170	R	VD	B+ve	14.3	276	SDP	6	MCS+	82	370	2990	270	3.8		
1976.	2177	30.10.18	SK	46	M	76	165	FT	VD	A+ve	14.1	247	SDP	6.4	MCS+	74	370	2830	280	3		
1977.	2178	30.10.18	SS	45	M	60	175	FT	RD	B+ve	14.6	318	SDP	6	MCS+	72	287	2250	215	3.2		
1978.	2179	30.10.18	GA	45	M	68	170	FT	RD	B+ve	16.2	283	SDP	6.4	MCS+	68	315	2578	270	3		
1979.	2180	30.10.18	CS	58	M	63	170	R	VD	AB+ve	15.1	256	SDP	7.1	MCS+	73	329	2710	258	3.5		
1980.	2182	30.10.18	AS	24	M	76	177	R	VD	AB+ve	13.1	259	SDP	6	MCS+	93	324	2765	271	3.5		
1981.	2183	30.10.18	RA	48	M	70	170	FT	RD	AB+ve	13.8	214	SDP	6	MCS+	70	336	2665	260	3		
1982.	2184	30.10.18	RS	32	M	78	170	R	VD	B+ve	14.2	200	SDP	6.6	MCS+	90	369	2966	270	3		
1983.	2185	30.10.18	SS	25	M	62	164	R	RD	B+ve	14.4	320	SDP	6.5	MCS+	72	287	2250	215	3.2		
1984.	2186	30.10.18	SU	27	M	90	180	R	VD	AB+ve	17.2	440	SDP	6.2	MCS+	76	320	2750	278	5.8		
1985.	2187	30.10.18	DE	26	M	65	170	R	RD	A+ve	18	295	SDP	6	MCS+	80	360	2840	260	4.2		
1986.	2188	30.10.18	PU	18	M	77	175	FT	VD	A+ve	15.7	428	SDP	6	MCS+	65	321	2487	280	4.5		Vascular Injury
1987.	2189	30.10.18	SU	53	M	75	172	R	VD	B+ve	13.3	217	SDP	6.8	MCS+	70	336	2665	260	3		
1988.	2190	30.10.18	RA	26	M	90	170	R	RD	O+ve	14.5	428	SDP	6.8	MCS+	65	321	2487	280	4.5		
1989.	2191	30.10.18	AS	29	M	80	175	R	VD	O+ve	13	258	SDP	6	MCS+	93	324	2765	271	3.5		
1990.	2192	30.10.18	SK	50	M	78	167	R	VD	O+ve	17	242	SDP	6	MCS+	80	377	2856	273	4.1		
1991.	2193	30.10.18	SS	24	M	68	168	R	VD	B+ve	14.8	236	SDP	6	MCS+	82	370	2890	265	3.4		
1992.	2194	30.10.18	AT	33	M	96	172	R	VD	O+ve	15.6	207	SDP	6	MCS+	90	369	2966	270	3		
1993.	2195	30.10.18	LS	25	M	72	175	R	RD	B+ve	13.9	338	SDP	7.3	MCS+	80	352	2790	330	5.1		
1994.	2196	30.10.18	RS	34	M	90	180	R	RD	A+ve	13.6	289	SDP	6	MCS+	77	360	2840	270	4		
1995.	2197	30.10.18	YK	32	M	74	170	R	VD	B+ve	15.4	343	SDP	6	MCS+	74	321	2487	240	3.6		
1996.	2198	30.10.18	MK	43	M	72	164	R	VD	B+ve	13.2	237	SDP	6	MCS+	82	370	2890	265	3.4		
1997.	2199	30.10.18	MA	35	M	78	180	R	VD	B+ve	14	271	SDP	7.6	MCS+	78	380	2880	250	3.7		
1998.	2200	30.10.18	RK	37	M	74	170	FT	RD	A+ve	13.9	311	SDP	7.3	MCS+	82	367	2840	220	4.1		
1999.	2201	30.10.18	SU	31	M	100	175	R	VD	AB+ve	13.9	222	SDP	7.4	MCS+	73	336	2665	290	3		
2000.	2202	30.10.18	AB	32	M	95	172	R	VD	A+ve	14.4	372	SDP	6.5	MCS+	72	363	2778	373	4.9		

Sr. No.	DP. No.	Date	Donor's Name & Address	Age	Sex	Weight (Kg)	Height (Cms)	First Time Donor/ Repeat Donor	Voluntary Donor/ Replacement Donor	Blood Group	Hb (g/dl)	Platelet Count (nX109/L)	Type of Procedure SDP/ Plasma Pheresis	TSP (g/dl)	Equipment TRIMA/ MCS+	Duration in min	Volume of Anticoa gulant Used (ml)	Whole Blood Used (ml)	Volume (ml)	PLT YIELD (X1011/µl)	Discard	Adverse Event
2001.	2203	30.10.18	SK	28	M	85	170	FT	VD	B+ve	15.5	289	SDP	6	MCS+	77	360	2840	270	4		
2002.	2204	30.10.18	AR	52	M	63	175	R	VD	A+ve	17	287	SDP	6	MCS+	68	315	2578	270	3		
2003.	2205	30.10.18	RA	35	M	60	167	R	RD	B+ve	15.5	273	SDP	6.4	MCS+	70	324	2585	250	3.2		
2004.	2206	30.10.18	TE	24	M	60	168	R	VD	A+ve	14.3	234	SDP	6.4	MCS+	82	370	2890	265	3.4		
2005.	2207	30.10.18	JS	32	M	95	172	R	VD	A+ve	13.9	269	SDP	6.2	MCS+	70	330	2678	280	3.3		
2006.	2208	31.10.18	SA	26	M	62	175	R	RD	O+ve	15.3	357	SDP	6	MCS+	74	321	2487	240	3.6		
2007.	2209	31.10.18	SA	32	M	63	180	R	VD	B+ve	16.3	248	SDP	6	MCS+	74	370	2830	280	3		
2008.	2210	31.10.18	SU	26	M	68	154	R	RD	O+ve	14.8	263	SDP	6	MCS+	93	324	2765	271	3.5		
2009.	2211	31.10.18	SK	29	M	72	170	R	VD	A+ve	13.85	253	SDP	6	MCS+	80	377	2856	270	4		
2010.	2213	31.10.18	GM	42	M	69	172	FT	RD	O+ve	15.4	245	SDP	7.1	MCS+	74	370	2830	280	3		
2011.	2214	31.10.18	JP	33	M	68	170	R	RD	AB+ve	15.2	184	SDP	6.5	TRIMA	61	283	2870	214	3		
2012.	2215	31.10.18	SK	20	M	84	170	R	VD	B+ve	14.8	268	SDP	6	TRIMA	59	230	2556	286	4		
2013.	2216	31.10.18	SU	34	M	80	180	R	RD	O+ve	14.8	338	SDP	6	MCS+	80	352	2790	330	5.1		
2014.	2217	31.10.18	AB	30	M	75	167	R	VD	O+ve	14.4	190	SDP	6.4	MCS+	102	418	3363	315	3		Citrate Toxicity
2015.	2218	31.10.18	RS	44	M	100	180	FT	VD	A+ve	15.3	311	SDP	6	MCS+	82	367	2840	220	4.1		
2016.	2219	31.10.18	NI	23	M	60	169	R	VD	B+ve	16.3	224	SDP	6.4	TRIMA	55	221	2379	214	3		
2017.	2220	31.10.18	AC	19	M	76	176	R	RD	B+ve	16.6	293	SDP	7.1	MCS+	69	334	2540	220	3.2		
2018.	2221	31.10.18	RS	29	M	70	180	R	VD	O+ve	13.4	269	SDP	6	MCS+	73	315	2729	265	3.5		
2019.	2222	31.10.18	BK	29	M	78	180	FT	VD	B+ve	14.4	235	SDP	6	TRIMA	50	184	2046	214	3		
2020.	2223	31.10.18	RR	37	M	82	167	FT	RD	B+ve	16.2	212	SDP	6.6	TRIMA	51	221	2369	216	3		
2021.	2224	31.10.18	KS	50	M	72	168	R	RD	B+ve	16.3	310	SDP	6.5	MCS+	82	367	2840	220	4.1		
2022.	2225	31.10.18	GS	19	M	94	172	R	RD	AB+ve	14.9	326	SDP	6.2	TRIMA	35	156	1723	214	3		
2023.	2226	31.10.18	DP	22	M	60	175	R	VD	B+ve	14.4	346	SDP	6	MCS+	74	321	2487	240	3.6		
2024.	2227	31.10.18	DS	20	M	63	180	R	VD	AB+ve	12.7	272	SDP	6	MCS+	70	324	2585	250	3.2		
2025.	2228	31.10.18	AV	44	M	78	154	R	RD	B+ve	16.2	325	SDP	6.8	MCS+	80	350	2710	290	4.8		
2026.	2229	31.10.18	HS	20	M	80	170	R	VD	O+ve	15.5	264	SDP	6.8	MCS+	73	330	2678	250	3.4		
2027.	2230	31.10.18	HA	20	M	78	172	R	VD	B+ve	16	243	SDP	6	MCS+	72	350	2870	266	3.2		
2028.	2231	31.10.18	VE	28	M	78	170	R	VD	B+ve	15.4	333	SDP	6	TRIMA	35	156	1723	214	3		
2029.	2232	31.10.18	RK	35	M	80	170	R	RD	A+ve	14.5	241	SDP	6	MCS+	82	370	2890	265	3.4		
2030.	2233	31.10.18	IS	33	M	70	180	R	RD	B-ve	14.5	257	SDP	6	MCS+	93	324	2765	271	3.5		
2031.	2234	31.10.18	RSB	52	M	78	167	R	VD	O+ve	13.8	280	SDP	7.3	MCS+	68	315	2578	270	3		
2032.	2235	31.10.18	RA	23	M	80	180	R	VD	B+ve	14.5	261	SDP	6	TRIMA	43	187	2045	215	3		
2033.	2236	31.10.18	DS	34	M	70	169	R	RD	O+ve	15.4	298	SDP	6	TRIMA	60	200	2288	287	4		
2034.	2237	31.10.18	MS	31	M	74	176	R	VD	A+ve	13.9	292	SDP	6	MCS+	69	334	2540	220	3.2		
2035.	2238	31.10.18	JK	40	M	60	180	R	RD	O-ve	14.9	263	SDP	7.6	MCS+	93	324	2765	271	3.5		
2036.	2239	31.10.18	AS	30	M	83	165	R	RD	O+ve	14.6	358	SDP	6	MCS+	74	321	2487	240	3.6		
2037.	2240	31.10.18	SS	21	M	60	165	R	VD	A-ve	13.3	321	SDP	6	MCS+	72	287	2250	215	3.2		
2038.	2241	31.10.18	RS	59	M	78	170	R	VD	O+ve	13.7	244	SDP	6	MCS+	74	370	2830	280	3		
2039.	2242	31.10.18	SU	32	M	65	165	R	RD	A+ve	13.7	233	SDP	6	TRIMA	60	220	2256	213	3		
2040.	2243	31.10.18	NA	35	M	60	175	R	RD	O+ve	13.5	232	SDP	6	TRIMA	59	244	2748	286	4		
2041.	2244	31.10.18	RK	51	M	97	170	R	VD	B+ve	15.4	226	SDP	6	MCS+	81	366	2887	263	3.4		
2042.	2245	1.11.18	RM	40	M	70	170	R	RD	O+ve	15.6	215	SDP	6	MCS+	70	336	2665	260	3		
2043.	2246	1.11.18	GS	26	M	90	177	R	RD	O+ve	14.7	281	SDP	6	MCS+	68	315	2578	270	3		
2044.	2247	1.11.18	A	18	M	60	170	FT	VD	A+ve	15.5	281	SDP	6	TRIMA	47	214	2427	285	4		
2045.	2248	1.11.18	RK	38	M	60	170	R	VD	O+ve	15	247	SDP	6	TRIMA	44	191	2110	214	3		
2046.	2249	1.11.18	GC	33	M	75	164	R	RD	A+ve	17.3	309	SDP	6	TRIMA	38	177	1803	214	3		
2047.	2250	1.11.18	RK	38	M	68	180	R	VD	O+ve	15.4	244	SDP	6	TRIMA	50	193	2089	214	3		
2048.	2251	1.11.18	SS	21	M	80	170	R	RD	A+ve	15.6	340	SDP	6	TRIMA	58	160	1890	286	4		
2049.	2252	1.11.18	SS	30	M	80	175	R	RD	A-ve	15.4	255	SDP	6	TRIMA	43	187	2045	215	3		
2050.	2253	1.11.18	SG	35	M	72	172	R	RD	O+ve	13.6	305	SDP	6	TRIMA	38	177	1803	214	3		
2051.	2254	1.11.18	GS	30	M	76	170	R	RD	O+ve	15.1	252	SDP	7.3	MCS+	80	377	2856	270	4		
2052.	2255	1.11.18	GS	40	M	73	175	R	RD	A+ve	12.6	310	SDP	6	TRIMA	38	177	1803	214	3		
2053.	2256	1.11.18	GS	47	M	70	167	R	RD	B+ve	15.5	239	SDP	6	TRIMA	50	184	2046	214	3		
2054.	2257	1.11.18	GS	38	M	80	170	R	VD	O+ve	14.5	212	SDP	6	TRIMA	51	221	2369	216	3		
2055.	2258	1.11.18	TS	26	M	83	170	R	RD	A+ve	15	289	SDP	7.6	TRIMA	60	255	2335	308	4		
2056.	2259	1.11.18	AK	40	M	75	175	R	RD	AB+ve	15.1	409	SDP	7.3	MCS+	59	379	2498	339	4.7		
2057.	2261	1.11.18	DS	26	M	88	170	R	RD	AB+ve	14.9	243	SDP	7.4	TRIMA	50	193	2089	214	3		
2058.	2262	1.11.18	ML	53	M	70	180	R	VD	B+ve	13.1	254	SDP	6.5	MCS+	80	377	2856	270	4		
2059.	2263	1.11.18	VJ	32	M	66	165	R	RD	B+ve	14.6	277	SDP	6	MCS+	82	370	2990	270	3.8		
2060.	2264	1.11.18	GS	21	M	78	170	R	RD	B+ve	16.5	327	SDP	6	TRIMA	35	156	1723	214	3		
2061.	2265	1.11.18	A	26	M	77	180	R	VD	B+ve	15	296	SDP	6.4	MCS+	80	360	2840	260	4.2		
2062.	2266	1.11.18	S	22	M	88	162	R	VD	O+ve	16	235	SDP	6.4	TRIMA	50	184	2046	214	3		
2063.	2267	1.11.18	RT	44	M	60	172	R	RD	B+ve	14.9	300	SDP	6.2	TRIMA	42	220	2239	248	5		
2064.	2268	1.11.18	LS	27	M	78	170	R	RD	O+ve	13.2	313	SDP	6	MCS+	65	310	2440	273	3.5		
2065.	2269	1.11.18	GS	49	M	62	167	R	VD	O+ve	14.2	233	SDP	6	TRIMA	60	220	2256	213	3		
2066.	2270	1.11.18	GG	57	M	65	165	R	VD	O+ve	15	235	SDP	6	TRIMA	50	184	2046	214	3		
2067.	2271	1.11.18	RS	58	M	78	162	R	VD	AB+ve	12.4	213	SDP	6	MCS+	90	369	2966	270	3		
2068.	2272	1.11.18	CS	23	M	80	175	R	RD	AB+ve	15.5	254	SDP	7.1	MCS+	80	377	2856	270	4		
2069.	2273	1.11.18	VP	35	M	66	170	R	RD	O-ve	15.8	204	SDP	6.5	MCS+	90	369	2966	270	3		
2070.	2274	1.11.18	N	36	M	66	173	R	RD	A+ve	16.1	270	SDP	6	MCS+	78	380	2880	250	3.7		
2071.	2275	1.11.18	AG	40	M	65	165	R	VD	O+ve	15.7	299	SDP	6	MCS+	74	356	2673	240	3.6		
2072.	2276	1.11.18	PB	40	M	95	165	R	VD	O+ve	15.3	274	SDP	6.4	MCS+	70	324	2585	250	3.2		
2073.	2277	2.11.18	AB	38	M	65	167	R	VD	AB-ve	14.4	278	SDP	6	MCS+	68	315	2578	270	3		
2074.	2278	2.11.18	S	31	M	75	165	R	VD	O+ve	14.7	415	SDP	6.4	MCS+	65	321	2487	280	4.5		
2075.	2279	2.11.18	S	21	M	60	163	R	RD	A+ve	16.3	308	SDP	7.1	MCS+	70	311	2434	275	3.6		
2076.	2280	2.11.18	GC	28	M	82	167	R	VD	B+ve	16.1	277	SDP	6	MCS+	82	370	2990	270	3.8		
2077.	2281	2.11.18	SR	18	M	71	167	FT	VD	AB+ve	14	320	SDP	6	MCS+	72	287	2250	215	3.2		
2078.	2282	2.11.18	SS	26	M	65	168	R	VD	A+ve	12.5	220	SDP	6.6	MCS+	73	336	2665	290	3		
2079.	2283	2.11.18	ML	29	M	98	166	R	VD	B+ve	13.9	226	SDP	6.5	MCS+	81	366	2887	263	3.4		

Sr. No.	DP. No.	Date	Donor's Name & Address	Age	Sex	Weight (Kg)	Height (Cms)	First Time Donor/ Repeat Donor	Voluntary Donor/ Replacement Donor	Blood Group	Hb (g/dl)	Platelet Count (nX109/L)	Type of Procedure SDP/ Plasma Pheresis	TSP (g/dl)	Equipment TRIMA/ MCS+	Duration in min	Volume of Anticoagulant Used (ml)	Whole Blood Used (ml)	Volume (ml)	PLT YIELD (X1011/µl)	Discard	Adverse Event
2080.	2284	2.11.18	BD	42	M	79	170	R	RD	O+ve	12.9	289	SDP	6.2	MCS+	77	360	2840	270	4		
2081.	2285	2.11.18	MS	41	M	90	177	R	RD	O+ve	15.3	346	SDP	6	TRIMA	39	143	1618	215	3		
2082.	2286	2.11.18	JK	28	M	88	170	R	VD	O+ve	11.9	427	SDP	6	TRIMA	39	143	1618	215	3		
2083.	2287	2.11.18	AS	31	M	63	170	R	VD	O+ve	16.5	237	SDP	7	MCS+	82	370	2890	265	3.4		
2084.	2288	2.11.18	GL	27	M	63	167	R	RD	B+ve	15.7	260	SDP	6.8	MCS+	93	324	2765	271	3.5		
2085.	2289	2.11.18	PS	25	M	60	170	R	RD	A+ve	14.6	315	SDP	6	TRIMA	50	203	1751	214	3		
2086.	2290	2.11.18	BS	26	M	80	168	R	VD	B+ve	15.5	218	SDP	6	TRIMA	51	221	2369	216	3		
2087.	2291	2.11.18	US	28	M	85	170	R	VD	A+ve	13.6	208	SDP	6.5	MCS+	90	369	2966	270	3		
2088.	2292	2.11.18	AS	45	M	62	172	R	RD	B+ve	13.7	237	SDP	6	MCS+	82	370	2890	265	3.4		
2089.	2293	2.11.18	HS	28	M	74	182	R	VD	A+ve	15.6	222	SDP	7.1	TRIMA	51	221	2369	216	3		
2090.	2294	2.11.18	SK	44	M	72	158	R	RD	B+ve	15.9	216	SDP	6	TRIMA	51	221	2369	216	3		
2091.	2295	2.11.18	SS	28	M	65	165	R	VD	A+ve	14.6	197	SDP	6.2	TRIMA	50	228	2477	213	3		
2092.	2296	2.11.18	TS	24	M	84	170	R	RD	O+ve	15.5	276	SDP	6	MCS+	82	370	2990	270	3.8		
2093.	2297	2.11.18	PL	23	M	84	165	R	RD	O-ve	14.7	242	SDP	6.8	TRIMA	50	193	2089	214	3		
2094.	2298	2.11.18	GS	57	M	62	168	R	VD	O+ve	14.3	300	SDP	6	MCS+	74	356	2673	240	3.6		
2095.	2299	2.11.18	BK	35	M	62	168	R	RD	O+ve	14.3	201	SDP	6	MCS+	90	369	2966	270	3		
2096.	2300	2.11.18	BS	28	M	65	167	R	VD	O+ve	14	307	SDP	7.1	TRIMA	38	177	1803	214	3		
2097.	2302	2.11.18	VS	31	M	84	175	R	VD	O+ve	13.6	268	SDP	6.5	TRIMA	59	230	2556	286	4		
2098.	2303	2.11.18	SK	47	M	75	170	R	RD	B+ve	14.9	280	SDP	6	TRIMA	47	214	2427	285	4		
2099.	2304	2.11.18	SG	24	M	71	170	R	RD	B+ve	15.9	297	SDP	6	MCS+	74	356	2673	240	3.6		
2100.	2305	2.11.18	DS	38	M	68	170	R	VD	B+ve	13.8	300	SDP	6.4	MCS+	74	356	2673	240	3.6		
2101.	2306	2.11.18	TS	40	M	78	170	R	VD	O+ve	12.8	281	SDP	6	TRIMA	47	214	2427	285	4		
2102.	2307	2.11.18	VS	36	M	68	170	R	RD	A+ve	15.4	249	SDP	6.4	MCS+	74	370	2830	280	3		
2103.	2308	2.11.18	PJ	55	M	97	164	R	VD	O+ve	14.6	193	SDP	7.1	MCS+	102	418	3363	315	3		
2104.	2309	2.11.18	NA	30	M	85	180	R	RD	B+ve	14.8	271	SDP	6	TRIMA	59	230	2556	286	4		
2105.	2310	2.11.18	BS	48	M	78	170	R	RD	O+ve	14.1	282	SDP	6	MCS+	68	315	2578	270	3		
2106.	2311	2.11.18	GU	34	M	97	175	R	RD	A+ve	14.1	213	SDP	6.6	TRIMA	51	221	2369	216	3		
2107.	2312	2.11.18	PA	28	M	70	172	R	VD	O+ve	15.4	242	SDP	6.5	MCS+	80	377	2856	273	4.1		
2108.	2313	2.11.18	CH	26	M	60	170	R	VD	A+ve	14.3	207	SDP	6.2	MCS+	90	369	2966	270	3		
2109.	2314	2.11.18	UJ	36	M	63	175	R	RD	A+ve	14.1	236	SDP	6	MCS+	82	370	2890	265	3.4		
2110.	2315	3.11.18	DC	32	M	62	165	R	VD	O+ve	16.9	330	SDP	6	MCS+	78	322	2497	256	4		
2111.	2316	3.11.18	SS	32	M	60	165	R	VD	A+ve	12.5	322	SDP	6.8	MCS+	80	350	2710	290	4.8		
2112.	2317	3.11.18	SO	24	M	84	175	R	RD	O+ve	14.5	199	SDP	6.8	MCS+	90	369	2966	270	3		
2113.	2318	3.11.18	AG	30	M	80	170	R	RD	A+ve	14.3	363	SDP	6	MCS+	75	358	2693	340	4.8		
2114.	2319	3.11.18	AS	22	M	75	175	R	RD	A+ve	16.8	280	SDP	6	MCS+	68	315	2578	270	3		
2115.	2320	3.11.18	VA	19	M	80	172	FT	VD	A+ve	15	320	SDP	6	MCS+	72	287	2250	215	3.2		Vascular Injury
2116.	2321	3.11.18	VV	34	M	67	170	R	RD	A+ve	13.9	314	SDP	6	MCS+	65	310	2440	273	3.5		
2117.	2322	3.11.18	DS	23	M	65	175	R	RD	O+ve	14.2	314	SDP	7.3	MCS+	65	310	2440	273	3.5		
2118.	2324	3.11.18	KA	22	M	70	167	R	RD	B+ve	14.8	202	SDP	6	MCS+	90	369	2966	270	3		
2119.	2325	3.11.18	MK	30	M	72	170	R	VD	B+ve	15.6	238	SDP	6	MCS+	82	370	2890	265	3.4		
2120.	2326	3.11.18	GS	31	M	78	170	R	VD	O+ve	15.6	295	SDP	6	MCS+	80	360	2840	260	4.2		
2121.	2328	3.11.18	MO	46	M	84	164	R	RD	A+ve	13.6	331	SDP	7.6	TRIMA	35	156	1723	214	3		
2122.	2329	3.11.18	PA	21	M	60	180	R	RD	O+ve	14.6	355	SDP	7.3	MCS+	74	321	2487	240	3.6		
2123.	2331	3.11.18	LK	25	M	90	170	R	RD	A+ve	16.4	250	SDP	7.4	MCS+	82	370	2957	270	4.2		Citrate Toxicity
2124.	2332	3.11.18	MK	46	M	90	175	R	RD	A+ve	14.5	410	SDP	6.5	MCS+	59	379	2498	339	4.7		
2125.	2333	3.11.18	JK	29	M	68	172	R	VD	O+ve	16.1	204	SDP	6	MCS+	90	369	2966	270	3		
2126.	2334	3.11.18	MB	35	M	71	170	R	RD	B+ve	14.2	284	SDP	6	MCS+	68	315	2578	270	3		
2127.	2335	3.11.18	JS	29	M	95	175	R	VD	B-ve	12.6	299	SDP	6.4	MCS+	74	356	2673	240	3.6		
2128.	2336	3.11.18	AS	32	M	68	167	R	VD	AB+ve	15.1	192	SDP	6.4	TRIMA	50	228	2477	213	3		
2129.	2338	3.11.18	KK	23	M	72	168	R	VD	O+ve	18.9	421	SDP	6.2	TRIMA	39	143	1618	215	3		
2130.	2339	3.11.18	HS	22	M	80	172	R	RD	O+ve	14.8	296	SDP	6	TRIMA	60	255	2335	308	4		
2131.	2340	3.11.18	DS	24	M	84	175	R	RD	O+ve	13.9	273	SDP	6	MCS+	70	324	2585	250	3.2		
2132.	2341	3.11.18	HK	27	M	75	180	R	RD	AB+ve	12.7	229	SDP	6	MCS+	81	366	2887	263	3.4		
2133.	2342	3.11.18	AS	27	M	70	170	R	VD	O+ve	15.4	269	SDP	6	MCS+	70	330	2678	280	3.3		
2134.	2343	3.11.18	SU	33	M	75	164	R	RD	A+ve	14.8	224	SDP	7.1	MCS+	73	354	2876	240	3.1		
2135.	2344	3.11.18	GU	18	M	68	170	FT	VD	O+ve	16	285	SDP	6.5	TRIMA	54	209	2385	288	4		
2136.	2345	3.11.18	SH	23	M	68	170	R	VD	AB+ve	15.9	243	SDP	6	MCS+	72	350	2870	266	3.2		
2137.	2346	3.11.18	PA	41	M	60	175	R	RD	AB+ve	14.8	387	SDP	6	MCS+	75	341	2664	250	5.1		
2138.	2347	3.11.18	MA	32	M	65	170	R	VD	AB+ve	14.6	190	SDP	6.4	MCS+	102	418	3363	315	3		
2139.	2348	3.11.18	VS	33	M	75	180	R	VD	B+ve	14.5	242	SDP	6	MCS+	80	377	2856	273	4.1		
2140.	2349	4.11.18	GS	38	M	60	165	R	VD	AB+ve	14.5	287	SDP	6.4	MCS+	68	315	2578	270	3		
2141.	2350	4.11.18	VI	26	M	80	170	R	VD	B+ve	15.7	294	SDP	7.1	MCS+	80	360	2840	260	4.2		
2142.	2351	4.11.18	SA	31	M	79	180	R	VD	AB+ve	14.5	275	SDP	6	MCS+	82	370	2990	270	3.8		
2143.	2352	4.11.18	AS	27	M	78	162	R	VD	O+ve	15.5	279	SDP	6.4	MCS+	68	315	2578	270	3		
2144.	2353	4.11.18	SH	23	M	80	172	R	VD	AB+ve	15.8	290	SDP	6.5	MCS+	77	360	2840	270	4		
2145.	2354	4.11.18	GS	23	M	80	170	R	VD	AB+ve	16.2	222	SDP	7.3	MCS+	73	336	2665	290	3		
2146.	2355	4.11.18	JS	34	M	60	167	R	RD	O+ve	13.4	285	SDP	6	MCS+	68	315	2578	270	3		
2147.	2356	4.11.18	SS	27	M	65	165	R	VD	O+ve	15.7	219	SDP	6	MCS+	73	336	2665	290	3		
2148.	2357	4.11.18	AS	22	M	60	162	R	RD	A+ve	15.8	249	SDP	6	MCS+	74	370	2830	280	3		
2149.	2358	4.11.18	SH	21	M	80	175	R	RD	O+ve	15.5	371	SDP	7.6	TRIMA	39	143	1618	215	3		
2150.	2359	4.11.18	RK	40	M	64	170	R	VD	B+ve	15.5	310	SDP	6	TRIMA	38	177	1803	214	3		
2151.	2360	4.11.18	HA	26	M	80	173	R	VD	B+ve	14.1	269	SDP	6	MCS+	70	330	2678	280	3.3		
2152.	2361	4.11.18	MA	22	M	70	165	R	VD	B+ve	15.6	270	SDP	6	MCS+	78	380	2880	250	3.7		
2153.	2362	4.11.18	DE	46	M	80	165	R	VD	A+ve	13.9	321	SDP	6.4	TRIMA	35	156	1723	214	3		
2154.	2363	4.11.18	MS	35	M	80	167	R	RD	A+ve	14.6	327	SDP	6	TRIMA	35	156	1723	214	3		
2155.	2364	4.11.18	RK	30	M	60	165	R	VD	A+ve	15.9	280	SDP	7.3	MCS+	68	315	2578	270	3		
2156.	2365	4.11.18	GS	48	M	62	163	R	VD	A+ve	15.5	356	SDP	6	MCS+	74	321	2487	240	3.6		
2157.	2366	4.11.18	AM	36	M	78	167	R	RD	A+ve	13.9	334	SDP	6	TRIMA	35	156	1723	214	3		
2158.	2367	4.11.18	VI	33	M	74	167	R	VD	B+ve	14.7	272	SDP	6	MCS+	70	324	2585	250	3.2		

Sr. No.	DP. No.	Date	Donor's Name & Address	Age	Sex	Weight (Kg)	Height (Cms)	First Time Donor/ Repeat Donor	Voluntary Donor/ Replacement Donor	Blood Group	Hb (g/dl)	Platelet Count (nX109/L)	Type of Procedure SDP/ Plasma Pheresis	TSP (g/dl)	Equipment TRIMA/ MCS+	Duration in min	Volume of Anticoa gulant Used (ml)	Whole Blood Used (ml)	Volume (ml)	PLT YIELD (X1011/µl)	Discard	Adverse Event
2159.	2368	4.11.18	MS	32	M	79	168	R	VD	B+ve	12.9	225	SDP	7.6	MCS+	73	354	2876	240	3.1		
2160.	2369	4.11.18	SS	23	M	74	166	R	VD	O+ve	15.4	253	SDP	6	MCS+	80	377	2856	270	4		
2161.	2370	4.11.18	HS	22	M	78	170	R	VD	O+ve	15.8	314	SDP	6	MCS+	65	310	2440	273	3.5		
2162.	2371	4.11.18	SA	24	M	70	177	R	VD	AB+ve	16.9	347	SDP	6	MCS+	74	321	2487	240	3.6		
2163.	2372	4.11.18	AS	21	M	90	170	R	VD	AB+ve	14.4	274	SDP	6.4	MCS+	70	324	2585	250	3.2		
2164.	2373	4.11.18	SS	36	M	72	170	R	VD	O+ve	15.8	276	SDP	6	MCS+	82	370	2990	270	3.8		
2165.	2374	4.11.18	MA	28	M	62	167	R	RD	O+ve	14.9	304	SDP	7.3	MCS+	74	356	2673	240	3.6		Vasovagal
2166.	2375	5.11.18	GS	26	M	90	170	R	VD	A+ve	14.1	241	SDP	6	MCS+	82	370	2890	265	3.4		
2167.	2376	5.11.18	SG	27	M	72	168	R	RD	A+ve	15.7	368	SDP	6	MCS+	123	480	3541	340	6		Citrate Toxicity
2168.	2377	5.11.18	RS	62	M	65	170	R	VD	A+ve	15	286	SDP	6	MCS+	68	315	2578	270	3		
2169.	2378	5.11.18	MS	27	M	100	172	R	VD	B+ve	15.4	286	SDP	7.6	MCS+	68	315	2578	270	3		
2170.	2379	5.11.18	SA	22	M	72	182	R	VD	O+ve	15	288	SDP	6	MCS+	68	315	2578	270	3		
2171.	2380	5.11.18	RB	55	M	80	158	R	VD	A+ve	12.4	285	SDP	6	TRIMA	54	209	2385	288	4		
2172.	2381	5.11.18	GS	26	M	68	165	R	VD	A+ve	13	369	SDP	6	MCS+	77	354	2768	340	5		
2173.	2382	5.11.18	NS	26	M	65	170	R	VD	O+ve	13.4	242	SDP	6.4	TRIMA	50	193	2089	214	3		
2174.	2383	5.11.18	PS	19	M	60	165	R	VD	B+ve	13.9	226	SDP	6	MCS+	81	366	2887	263	3.4		Vasovagal
2175.	2384	5.11.18	DS	26	M	78	168	R	VD	A+ve	16	199	SDP	7.3	MCS+	90	369	2966	270	3		
2176.	2385	5.11.18	GS	34	M	80	168	R	RD	AB+ve	16.4	347	SDP	6	TRIMA	39	143	1618	215	3		
2177.	2386	5.11.18	RK	36	M	70	167	R	VD	AB+ve	14.4	372	SDP	6	TRIMA	39	143	1618	215	3		
2178.	2387	5.11.18	NI	24	M	98	175	R	VD	B+ve	14.3	239	SDP	6	MCS+	82	370	2890	265	3.4		
2179.	2389	5.11.18	BS	48	M	60	170	R	VD	O+ve	14.3	254	SDP	7.6	TRIMA	43	187	2045	215	3		
2180.	2390	5.11.18	HS	42	M	78	170	R	RD	A+ve	15.1	275	SDP	6	MCS+	82	370	2990	270	3.8		
2181.	2391	5.11.18	HI	26	M	90	170	R	VD	B+ve	13.5	231	SDP	6	MCS+	82	370	2890	265	3.4		
2182.	2392	5.11.18	AB	23	M	68	170	R	VD	O+ve	14.9	235	SDP	6	MCS+	82	370	2890	265	3.4		
2183.	2393	5.11.18	RS	50	M	68	170	R	RD	O+ve	14.9	200	SDP	6.4	MCS+	90	369	2966	270	3		
2184.	2394	5.11.18	SK	46	M	68	164	R	VD	O+ve	17.3	269	SDP	6	MCS+	73	315	2729	265	3.5		
2185.	2395	5.11.18	HA	19	M	90	180	R	RD	O+ve	16.7	262	SDP	7.3	MCS+	93	324	2765	271	3.5		
2186.	2396	5.11.18	PR	25	M	63	170	R	RD	A+ve	15	288	SDP	6	MCS+	68	315	2578	270	3		
2187.	2397	5.11.18	KS	25	M	90	175	R	RD	A+ve	14.3	397	SDP	6	MCS+	67	280	2445	330	5.6		
2188.	2398	5.11.18	GA	20	M	66	172	R	RD	B+ve	15.6	196	SDP	6	MCS+	87	367	2964	268	3		
2189.	2399	5.11.18	AM	52	M	76	170	R	VD	O+ve	15.6	285	SDP	7.6	MCS+	68	315	2578	270	3		
2190.	2400	5.11.18	LA	19	M	65	175	R	RD	A+ve	15	370	SDP	6	MCS+	72	363	2778	373	4.9		
2191.	2401	5.11.18	RK	43	M	75	165	R	RD	B+ve	15.2	316	SDP	6	MCS+	65	310	2440	273	3.5		
2192.	2402	5.11.18	VK	35	M	60	165	R	RD	O+ve	15.6	283	SDP	6	MCS+	68	315	2578	270	3		
2193.	2403	5.11.18	MA	24	M	78	175	R	VD	A+ve	12	297	SDP	6.4	MCS+	74	356	2673	240	3.6		
2194.	2404	6.11.18	M	40	M	82	170	R	VD	O+ve	13.4	196	SDP	6	MCS+	87	367	2964	268	3		
2195.	2405	6.11.18	KA	43	M	62	170	R	RD	B+ve	14.6	311	SDP	7.3	MCS+	82	367	2840	220	4.1		
2196.	2406	6.11.18	RS	31	M	80	177	R	VD	O+ve	15.1	252	SDP	6	MCS+	80	377	2856	270	4		
2197.	2407	6.11.18	CH	24	M	85	176	R	VD	B+ve	15.8	274	SDP	6	MCS+	70	324	2585	250	3.2		
2198.	2408	6.11.18	HS	22	M	70	170	R	VD	B+ve	16.2	260	SDP	6	MCS+	93	324	2765	271	3.5		
2199.	2409	6.11.18	KS	31	M	80	170	R	VD	O+ve	14.6	289	SDP	7.6	MCS+	77	360	2840	270	4		
2200.	2410	6.11.18	IS	38	M	84	172	R	RD	B+ve	14.9	195	SDP	6	MCS+	87	367	2964	268	3		
2201.	2412	6.11.18	AS	21	M	80	167	R	VD	A+ve	14.8	230	SDP	6	MCS+	82	370	2890	265	3.4		
2202.	2413	6.11.18	SS	51	M	68	165	R	VD	O+ve	15.3	285	SDP	6	MCS+	68	315	2578	270	3		
2203.	2414	6.11.18	PK	27	M	78	170	R	VD	AB+ve	15.4	278	SDP	6.4	MCS+	68	315	2578	270	3		
2204.	2415	6.11.18	SH	19	M	65	180	R	RD	O+ve	14.7	196	SDP	6	MCS+	87	367	2964	268	3		
2205.	2416	6.11.18	PS	34	M	90	170	R	RD	A+ve	14.8	278	SDP	7.3	MCS+	68	315	2578	270	3		
2206.	2417	6.11.18	VS	25	M	70	170	R	RD	A+ve	15.9	424	SDP	6	MCS+	65	321	2487	280	4.5		
2207.	2418	6.11.18	AM	23	M	68	165	R	VD	O+ve	14.9	353	SDP	6	MCS+	74	321	2487	240	3.6		
2208.	2419	6.11.18	PK	38	M	62	165	R	RD	A+ve	14.4	385	SDP	6	TRIMA	39	143	1618	215	3		
2209.	2420	6.11.18	RK	35	M	88	170	R	VD	A+ve	16	363	SDP	7.6	TRIMA	39	143	1618	215	3		
2210.	2421	6.11.18	GS	44	M	72	165	FT	VD	B+ve	15.9	326	SDP	6	MCS+	80	350	2710	290	4.8		Vascular Injury
2211.	2422	6.11.18	JM	18	M	62	175	FT	VD	A+ve	16.2	364	SDP	6	MCS+	75	358	2693	340	4.8		
2212.	2423	6.11.18	KS	28	M	84	170	R	VD	O+ve	15.2	198	SDP	6	MCS+	87	367	2964	268	3		
2213.	2424	6.11.18	DS	39	M	80	170	R	RD	A+ve	14.3	239	SDP	6.4	MCS+	82	370	2890	265	3.4		
2214.	2425	6.11.18	RS	42	M	72	177	R	VD	O+ve	14.4	311	SDP	6	MCS+	82	367	2840	220	4.1		
2215.	2426	6.11.18	SS	34	M	80	170	R	RD	O+ve	15	225	SDP	7.3	MCS+	73	354	2876	240	3.1		
2216.	2427	6.11.18	GS	45	M	90	170	R	RD	O+ve	15.7	296	SDP	6	MCS+	80	360	2840	260	4.2		
2217.	2429	6.11.18	VS	24	M	90	164	R	VD	O+ve	14.6	327	SDP	6	TRIMA	35	156	1723	214	3		
2218.	2430	6.11.18	SD	21	M	69	180	R	VD	A+ve	12.9	236	SDP	6.8	TRIMA	50	184	2046	214	3		
2219.	2431	6.11.18	RN	32	M	75	170	R	VD	A+ve	14.7	206	SDP	6	TRIMA	55	234	2499	214	3		
2220.	2432	6.11.18	PJ	19	M	90	175	R	RD	A+ve	15.6	344	SDP	6	MCS+	74	321	2487	240	3.6		
2221.	2433	7.11.18	DN	43	M	80	172	R	RD	B+ve	15.4	212	SDP	6	MCS+	90	369	2966	270	3		
2222.	2434	7.11.18	V	33	M	70	170	R	VD	O+ve	16.7	289	SDP	6	MCS+	77	360	2840	270	4		
2223.	2435	7.11.18	DK	26	M	72	175	R	VD	B+ve	14.8	256	SDP	7.3	MCS+	73	329	2710	258	3.5		
2224.	2436	7.11.18	NS	25	M	79	167	R	RD	A+ve	16	274	SDP	6	MCS+	70	324	2585	250	3.2		
2225.	2437	7.11.18	SA	25	M	74	168	R	RD	B+ve	15.8	293	SDP	6	MCS+	69	334	2540	220	3.2		
2226.	2438	7.11.18	SS	38	M	83	172	R	RD	O+ve	16.7	367	SDP	6	MCS+	123	480	3541	340	6		
2227.	2439	7.11.18	KA	21	M	78	175	R	VD	A+ve	16.6	279	SDP	7.6	MCS+	68	315	2578	270	3		
2228.	2440	7.11.18	GJ	32	M	75	180	R	VD	A+ve	16.6	243	SDP	6	MCS+	72	350	2870	266	3.2		
2229.	2441	7.11.18	AB	26	M	70	170	R	VD	A+ve	14.1	243	SDP	6	MCS+	72	350	2870	266	3.2		
2230.	2442	7.11.18	AS	37	M	75	164	R	RD	AB+ve	14.7	218	SDP	6	MCS+	70	336	2665	260	3		
2231.	2443	7.11.18	HV	35	M	70	180	R	VD	O+ve	14	256	SDP	6.4	MCS+	73	329	2710	258	3.5		
2232.	2444	7.11.18	JA	29	M	82	170	R	VD	O+ve	15.8	227	SDP	6	MCS+	81	366	2887	263	3.4		
2233.	2445	7.11.18	GG	35	M	80	175	R	VD	B+ve	14	285	SDP	6.4	TRIMA	54	209	2385	288	4		
2234.	2446	7.11.18	AM	32	M	80	172	R	VD	AB-ve	15.3	308	SDP	7.1	TRIMA	38	177	1803	214	3		
2235.	2447	7.11.18	KA	45	M	65	170	R	RD	B-ve	13.2	274	SDP	6	TRIMA	59	230	2556	286	4		
2236.	2448	8.11.18	RK	40	M	70	175	R	VD	O+ve	15.2	182	SDP	6	TRIMA	65	247	2640	219	3		
2237.	2449	8.11.18	RS	40	M	62	167	R	VD	AB+ve	15.3	239	SDP	6.6	TRIMA	50	184	2046	214	3		

Sr. No.	DP. No.	Date	Donor's Name & Address	Age	Sex	Weight (Kg)	Height (Cms)	First Time Donor/ Repeat Donor	Voluntary Donor/ Replacement Donor	Blood Group	Hb (g/dl)	Platelet Count (nX109/L)	Type of Procedure SDP/ Plasma Pheresis	TSP (g/dl)	Equipment TRIMA/ MCS+	Duration in min	Volume of Anticoa gulant Used (ml)	Whole Blood Used (ml)	Volume (ml)	PLT YIELD (X1011/µl)	Discard	Adverse Event
2238.	2450	8.11.18	PK	23	M	60	168	R	VD	O+ve	17	226	SDP	6.5	TRIMA	60	208	2272	215	3		
2239.	2451	8.11.18	SS	30	M	68	172	R	VD	O+ve	14.6	296	SDP	6.2	TRIMA	60	255	2335	308	4		
2240.	2454	8.11.18	AS	34	M	83	175	R	VD	A+ve	14.2	391	SDP	6	TRIMA	39	143	1618	215	3		
2241.	2456	8.11.18	TS	26	M	75	180	R	VD	B+ve	15.5	210	SDP	6	TRIMA	44	212	2279	214	3		
2242.	2457	8.11.18	JS	37	M	80	154	R	RD	A+ve	14	278	SDP	6.8	TRIMA	65	228	2287	286	4		
2243.	2458	8.11.18	CS	46	M	80	170	R	VD	O+ve	14	265	SDP	6.8	TRIMA	58	249	2224	239	3		
2244.	2459	8.11.18	RK	37	M	60	172	R	RD	B+ve	14.9	249	SDP	6	MCS+	74	370	2830	280	3		
2245.	2460	8.11.18	A	24	M	83	170	R	VD	AB+ve	14.6	258	SDP	6	MCS+	93	324	2765	271	3.5		
2246.	2461	8.11.18	SS	36	M	72	170	R	VD	AB-ve	14	191	SDP	6	MCS+	98	416	3363	315	3		
2247.	2463	8.11.18	SS	25	M	70	180	R	RD	B+ve	14.8	243	SDP	6	MCS+	72	350	2870	266	3.2		
2248.	2464	8.11.18	IS	26	M	70	167	R	VD	B+ve	15.8	227	SDP	7.3	MCS+	81	366	2887	263	3.4		
2249.	2465	8.11.18	AS	33	M	80	180	R	VD	B+ve	14.1	263	SDP	6	MCS+	93	324	2765	271	3.5		
2250.	2466	8.11.18	SS	34	M	62	169	R	VD	B+ve	12.1	374	SDP	6	TRIMA	39	143	1618	215	3		
2251.	2467	8.11.18	NS	22	M	62	176	R	VD	O-ve	16.3	246	SDP	6	MCS+	74	370	2830	280	3		
2252.	2468	8.11.18	SS	26	M	82	180	FT	RD	B+ve	15.9	243	SDP	7.6	MCS+	72	350	2870	266	3.2		Vasovagal
2253.	2469	8.11.18	M	28	M	75	180	R	VD	B+ve	13.6	234	SDP	7.3	TRIMA	60	220	2256	213	3		
2254.	2470	8.11.18	G	24	M	79	167	R	VD	A+ve	14.6	331	SDP	7.4	MCS+	82	358	2693	330	4.8		
2255.	2471	8.11.18	S	28	M	68	168	R	VD	B+ve	15.7	203	SDP	6.5	MCS+	90	369	2966	270	3		
2256.	2472	8.11.18	K	22	M	70	172	R	VD	B+ve	13.5	225	SDP	6	MCS+	73	354	2876	240	3.1		
2257.	2473	9.11.18	AS	24	M	75	175	R	VD	O+ve	15.7	295	SDP	6	MCS+	80	360	2840	260	4.2		
2258.	2474	9.11.18	MS	45	M	95	180	R	RD	B+ve	15.6	191	SDP	6.4	MCS+	102	418	3363	315	3		
2259.	2475	9.11.18	HS	31	M	70	154	R	VD	B+ve	16.5	248	SDP	6.4	MCS+	74	370	2830	280	3		
2260.	2476	9.11.18	S	26	M	68	170	R	VD	A+ve	14.4	273	SDP	6.2	MCS+	70	324	2585	250	3.2		
2261.	2477	9.11.18	SK	41	M	62	172	R	VD	O+ve	13.7	245	SDP	6	MCS+	74	370	2830	280	3		
2262.	2478	9.11.18	TS	26	M	72	170	R	VD	B+ve	14.5	327	SDP	6	MCS+	80	350	2710	290	4.8		
2263.	2479	9.11.18	RS	20	M	68	170	R	VD	O+ve	15.6	221	SDP	6	MCS+	73	336	2665	290	3		
2264.	2480	9.11.18	K	31	M	88	180	R	VD	B+ve	14.4	216	SDP	6	MCS+	70	336	2665	260	3		
2265.	2481	9.11.18	GA	20	M	72	167	R	VD	O+ve	12	195	SDP	7.1	MCS+	87	367	2964	268	3		
2266.	2482	9.11.18	GS	18	M	90	180	FT	VD	A+ve	15.6	197	SDP	6.5	MCS+	87	367	2964	268	3		
2267.	2483	9.11.18	NS	38	M	80	169	R	VD	A+ve	12.1	308	SDP	6	MCS+	70	311	2434	275	3.6		
2268.	2484	9.11.18	CR	34	M	65	176	R	VD	B+ve	13.6	352	SDP	6	MCS+	74	321	2487	240	3.6		
2269.	2485	9.11.18	DG	26	M	85	180	R	VD	B+ve	14.2	344	SDP	6.4	MCS+	74	321	2487	240	3.6		
2270.	2486	9.11.18	TS	28	M	70	165	R	VD	B-ve	14.1	279	SDP	6	MCS+	68	315	2578	270	3		
2271.	2487	9.11.18	KK	20	M	70	165	R	VD	B+ve	12.3	273	SDP	6.4	MCS+	70	324	2585	250	3.2		
2272.	2488	9.11.18	R	27	M	66	170	R	VD	B+ve	16.2	338	SDP	7.1	MCS+	80	352	2790	330	5.1		
2273.	2489	9.11.18	SG	29	M	65	165	R	VD	A+ve	14.1	336	SDP	6	TRIMA	35	156	1723	214	3		
2274.	2490	9.11.18	RA	28	M	68	175	R	VD	AB+ve	15.9	359	SDP	6	MCS+	74	321	2487	240	3.6		
2275.	2491	9.11.18	AV	29	M	75	170	R	VD	O+ve	14.4	292	SDP	6.6	MCS+	69	334	2540	220	3.2		
2276.	2492	10.11.18	DH	35	M	90	170	R	VD	AB+ve	16.3	221	SDP	6.5	MCS+	73	336	2665	290	3		
2277.	2493	10.11.18	PS	27	M	82	177	FT	VD	B+ve	14.3	218	SDP	6.2	MCS+	70	336	2665	260	3		
2278.	2494	10.11.18	AS	26	M	83	170	R	VD	B+ve	16.4	269	SDP	6	MCS+	70	330	2678	280	3.3		
2279.	2495	10.11.18	SA	26	M	78	170	R	RD	B+ve	15.4	294	SDP	6	MCS+	80	360	2840	260	4.2		Citrate Toxicity
2280.	2496	10.11.18	HS	25	M	70	164	R	VD	B+ve	14.3	299	SDP	6.8	MCS+	74	356	2673	240	3.6		
2281.	2497	10.11.18	JS	20	M	88	180	R	VD	O+ve	14.7	280	SDP	6.8	MCS+	68	315	2578	270	3		
2282.	2498	10.11.18	SI	22	M	60	170	R	VD	O+ve	16.2	297	SDP	6	MCS+	74	356	2673	240	3.6		
2283.	2499	10.11.18	CS	25	M	61	175	R	VD	O+ve	15	312	SDP	6	MCS+	65	310	2440	273	3.5		
2284.	2501	10.11.18	D	22	M	68	172	R	VD	B+ve	16	259	SDP	6	MCS+	93	324	2765	271	3.5		
2285.	2502	10.11.18	HS	27	M	70	170	FT	VD	O+ve	14.8	354	SDP	6	MCS+	74	321	2487	240	3.6		
2286.	2503	10.11.18	M	27	M	70	175	FT	VD	A+ve	15.7	359	SDP	7.3	MCS+	74	321	2487	240	3.6		
2287.	2504	10.11.18	JS	27	M	60	167	FT	VD	O+ve	15.1	245	SDP	6	MCS+	74	370	2830	280	3		
2288.	2505	10.11.18	S	21	M	60	170	R	RD	O+ve	15.3	387	SDP	6	MCS+	75	341	2664	250	5.1		Citrate Toxicity
2289.	2506	10.11.18	GS	37	M	78	170	R	VD	O+ve	14.5	242	SDP	6	MCS+	80	377	2856	273	4.1		
2290.	2507	10.11.18	JS	25	M	68	175	R	VD	O+ve	15.8	270	SDP	7.6	MCS+	78	380	2880	250	3.7		
2291.	2508	10.11.18	V	24	M	78	170	R	RD	O+ve	14.3	208	SDP	6	MCS+	94	369	2966	270	3		Citrate Toxicity
2292.	2509	10.11.18	JS	25	M	94	180	R	VD	A+ve	11.9	253	SDP	6	MCS+	80	377	2856	270	4		
2293.	2510	11.11.18	SL	43	M	60	165	R	RD	B+ve	15.3	295	SDP	6	MCS+	80	360	2840	260	4.2		
2294.	2511	11.11.18	S	30	M	71	170	R	VD	B+ve	15.4	246	SDP	6	MCS+	74	370	2830	280	3		
2295.	2512	11.11.18	JS	27	M	70	180	R	VD	B+ve	12.8	403	SDP	6	MCS+	59	379	2498	339	4.7		
2296.	2513	11.11.18	A	31	M	95	162	R	VD	B+ve	16.4	238	SDP	6	MCS+	82	370	2890	265	3.4		
2297.	2514	11.11.18	GJ	32	M	74	172	R	VD	B+ve	14.7	322	SDP	6	MCS+	78	340	2640	265	4.1		
2298.	2515	11.11.18	BS	40	M	60	170	FT	VD	B+ve	13.6	228	SDP	6	MCS+	81	366	2887	263	3.4		
2299.	2516	11.11.18	TS	33	M	70	167	R	VD	O+ve	16.1	221	SDP	6	TRIMA	51	221	2369	216	3		
2300.	2517	11.11.18	GS	30	M	80	165	R	VD	A+ve	16.3	255	SDP	6	MCS+	73	329	2710	258	3.5		
2301.	2518	11.11.18	JS	27	M	78	162	R	VD	B+ve	16.4	313	SDP	6	MCS+	65	310	2440	273	3.5		
2302.	2519	11.11.18	SR	20	M	68	175	R	VD	A+ve	12	342	SDP	6	TRIMA	58	160	1890	286	4		
2303.	2520	11.11.18	MS	28	M	97	170	R	VD	O+ve	12.9	259	SDP	6	TRIMA	43	187	2045	215	3		
2304.	2521	11.11.18	R	24	M	62	173	R	VD	O+ve	15	377	SDP	6	TRIMA	39	143	1618	215	3		
2305.	2522	11.11.18	AS	27	M	75	165	R	VD	A+ve	15.5	270	SDP	6	TRIMA	59	230	2556	286	4		
2306.	2523	11.11.18	D	36	M	62	165	FT	VD	AB+ve	12.9	235	SDP	7.3	TRIMA	50	184	2046	214	3		
2307.	2524	11.11.18	TS	27	M	87	167	R	VD	A+ve	14.2	344	SDP	6	MCS+	74	321	2487	240	3.6		
2308.	2525	11.11.18	S	24	M	74	165	R	VD	AB+ve	15.8	267	SDP	6	MCS+	53	286	2162	260	3		
2309.	2526	11.11.18	IS	33	M	90	163	FT	VD	O+ve	15.7	308	SDP	6	MCS+	70	311	2434	275	3.6		
2310.	2527	11.11.18	JS	32	M	75	167	R	VD	B+ve	14.1	250	SDP	7.6	MCS+	72	330	2630	282	3		
2311.	2528	11.11.18	G	26	M	70	167	R	VD	B+ve	15.3	450	SDP	7.3	TRIMA	77	209	2681	501	7		
2312.	2529	11.11.18	PB	29	M	70	168	FT	VD	O+ve	15.3	289	SDP	7.4	MCS+	77	360	2840	270	4		Citrate Toxicity
2313.	2530	11.11.18	AN	28	M	65	166	R	VD	O+ve	14.8	250	SDP	6.5	MCS+	72	330	2630	282	3		
2314.	2531	11.11.18	M	28	M	79	170	R	VD	B+ve	15.2	239	SDP	6	MCS+	82	370	2890	265	3.4		
2315.	2532	11.11.18	RS	33	M	74	177	FT	VD	B+ve	13.2	195	SDP	6	TRIMA	50	228	2477	213	3		

Sr. No.	DP. No.	Date	Donor's Name & Address	Age	Sex	Weight (Kg)	Height (Cms)	First Time Donor/ Repeat Donor	Voluntary Donor/ Replacement Donor	Blood Group	Hb (g/dl)	Platelet Count (nX109/L)	Type of Procedure SDP/ Plasma Pheresis	TSP (g/dl)	Equipment TRIMA/ MCS+	Duration in min	Volume of Anticoa gulant Used (ml)	Whole Blood Used (ml)	Volume (ml)	PLT YIELD (X1011/µl)	Discard	Adverse Event
2316.	2533	11.11.18	L	24	M	62	170	R	RD	A+ve	14.5	219	SDP	6.4	MCS+	73	336	2665	290	3		Vasovagal
2317.	2534	11.11.18	PS	41	M	62	170	R	VD	B+ve	16.6	260	SDP	6.4	MCS+	93	324	2765	271	3.5		
2318.	2535	11.11.18	GM	34	M	68	167	R	VD	B+ve	16.1	305	SDP	6.2	TRIMA	38	177	1803	214	3		
2319.	2536	11.11.18	GS	34	M	72	170	R	VD	B+ve	14.6	289	SDP	6	MCS+	77	360	2840	270	4		
2320.	2537	12.11.18	A	21	M	80	168	FT	VD	B+ve	13	403	SDP	6	MCS+	59	379	2498	339	4.7		
2321.	2538	12.11.18	GA	42	M	85	170	R	VD	B+ve	15.8	309	SDP	6	MCS+	82	367	2840	220	4.1		
2322.	2539	12.11.18	S	18	M	65	172	FT	VD	AB+ve	16.6	277	SDP	6	MCS+	82	370	2990	270	3.8		
2323.	2540	12.11.18	M	26	M	78	182	R	VD	O+ve	14.9	267	SDP	7.1	MCS+	53	286	2162	260	3		
2324.	2541	12.11.18	A	18	M	78	158	FT	VD	B+ve	16.2	294	SDP	6.5	MCS+	80	360	2840	260	4.2		
2325.	2542	12.11.18	R	36	M	87	165	R	VD	AB+ve	15.6	312	SDP	6	MCS+	72	287	2250	215	3.2		
2326.	2543	12.11.18	HS	41	M	88	170	R	VD	B+ve	15.5	335	SDP	6	TRIMA	35	156	1723	214	3		
2327.	2544	12.11.18	AS	30	M	75	165	R	VD	B+ve	14.7	342	SDP	6.4	TRIMA	58	160	1890	286	4		
2328.	2545	12.11.18	JS	26	M	61	168	R	VD	O+ve	13.1	399	SDP	6	MCS+	67	280	2445	330	5.6		
2329.	2546	12.11.18	L	22	M	70	168	R	VD	O+ve	14.3	276	SDP	6.4	TRIMA	59	230	2556	286	4		
2330.	2547	12.11.18	P	38	M	68	167	R	VD	B+ve	14.8	235	SDP	7.1	TRIMA	50	184	2046	214	3		
2331.	2548	12.11.18	S	32	M	72	175	R	VD	B+ve	15.3	322	SDP	6	MCS+	78	340	2640	265	4.1		
2332.	2549	12.11.18	BS	25	M	100	170	R	VD	O+ve	13.2	266	SDP	6	TRIMA	59	230	2556	286	4		
2333.	2550	12.11.18	K	22	M	74	170	R	VD	A+ve	14.7	221	SDP	6.6	TRIMA	51	221	2369	216	3		
2334.	2551	12.11.18	S	30	M	60	170	R	VD	A+ve	15.8	373	SDP	6.5	MCS+	72	363	2778	373	4.9		
2335.	2552	12.11.18	P	26	M	66	170	R	VD	O+ve	13.1	212	SDP	6.2	MCS+	90	369	2966	270	3		
2336.	2553	12.11.18	D	19	M	85	170	R	RD	A+ve	15.4	262	SDP	6	MCS+	93	324	2765	271	3.5		
2337.	2554	12.11.18	V	25	M	68	164	R	VD	A+ve	13.1	219	SDP	6	MCS+	73	336	2665	290	3		
2338.	2555	12.11.18	Y	21	M	70	180	FT	VD	O+ve	12.5	269	SDP	6.8	MCS+	70	330	2678	280	3.3		
2339.	2556	12.11.18	V	24	M	68	170	R	VD	B+ve	15.2	245	SDP	6.8	MCS+	74	370	2830	280	3		
2340.	2557	12.11.18	S	30	M	70	175	R	VD	AB+ve	15.4	222	SDP	6	TRIMA	51	221	2369	216	3		
2341.	2558	12.11.18	R	21	M	66	172	FT	VD	O+ve	16	265	SDP	6	TRIMA	59	230	2556	286	4		
2342.	2559	12.11.18	IA	21	M	64	170	FT	VD	A+ve	13.9	258	SDP	6	TRIMA	43	187	2045	215	3		
2343.	2560	12.11.18	A	36	M	90	175	R	VD	B+ve	17.3	224	SDP	6	TRIMA	55	221	2379	214	3		
2344.	2561	12.11.18	RS	40	M	100	165	R	VD	B+ve	14.9	325	SDP	7.3	TRIMA	35	156	1723	214	3		
2345.	2562	12.11.18	GS	18	M	76	165	FT	VD	A+ve	15.5	409	SDP	6	TRIMA	39	143	1618	215	3		
2346.	2563	12.11.18	VK	45	M	85	175	R	VD	A+ve	15.9	305	SDP	6	TRIMA	38	177	1803	214	3		
2347.	2564	12.11.18	RG	40	M	73	180	R	VD	B+ve	14.6	287	SDP	6	TRIMA	36	165	1848	214	3		
2348.	2565	12.11.18	VS	32	M	68	170	R	VD	O+ve	13.8	222	SDP	7.6	MCS+	73	336	2665	290	3		
2349.	2566	12.11.18	MK	49	M	70	175	R	VD	O+ve	15.2	351	SDP	6	MCS+	74	321	2487	240	3.6		
2350.	2567	12.11.18	HS	33	M	88	172	R	VD	A+ve	15.1	344	SDP	6	MCS+	74	321	2487	240	3.6		
2351.	2568	12.11.18	SP	30	M	65	170	R	VD	A+ve	15.6	224	SDP	6	MCS+	73	354	2876	240	3.1		
2352.	2569	12.11.18	M	19	M	82	175	R	RD	O+ve	15.1	251	SDP	6	MCS+	72	330	2630	282	3		
2353.	2570	12.11.18	SS	30	M	68	167	R	VD	B+ve	13.3	261	SDP	6	MCS+	93	324	2765	271	3.5		
2354.	2571	13.11.18	GS	40	M	70	168	FT	VD	O+ve	16.1	261	SDP	7.6	MCS+	93	324	2765	271	3.5		
2355.	2572	13.11.18	S	50	M	88	168	R	VD	O+ve	15.8	312	SDP	7.3	MCS+	65	310	2440	273	3.5		
2356.	2573	13.11.18	VG	39	M	68	166	R	RD	B+ve	15.8	247	SDP	7.4	MCS+	74	370	2830	280	3		
2357.	2574	13.11.18	A	21	M	74	170	R	VD	B+ve	15.7	311	SDP	6.5	MCS+	82	367	2840	220	4.1		
2358.	2575	13.11.18	JS	51	M	67	177	R	VD	A+ve	14.1	322	SDP	6	MCS+	80	350	2710	290	4.8		Citrate Toxicity
2359.	2576	13.11.18	S	34	M	72	170	FT	VD	O+ve	12.9	304	SDP	6	MCS+	74	356	2673	240	3.6		
2360.	2577	13.11.18	S	27	M	80	170	R	VD	B+ve	15	226	SDP	6.4	MCS+	81	366	2887	263	3.4		
2361.	2578	13.11.18	S	24	M	62	167	R	VD	B+ve	15.7	219	SDP	6.4	TRIMA	51	221	2369	216	3		
2362.	2579	13.11.18	SC	35	M	72	170	R	VD	B+ve	16.1	237	SDP	6.2	MCS+	82	370	2890	265	3.4		
2363.	2580	13.11.18	N	37	M	68	168	R	VD	O+ve	14.2	322	SDP	6	MCS+	78	340	2640	265	4.1		
2364.	2581	13.11.18	S	26	M	77	170	R	VD	A+ve	14.9	344	SDP	6	TRIMA	39	143	1618	215	3		
2365.	2582	13.11.18	R	23	M	60	172	R	VD	O+ve	15.3	348	SDP	6	MCS+	74	321	2487	240	3.6		
2366.	2583	13.11.18	S	37	M	71	182	R	VD	O+ve	14.8	362	SDP	6	TRIMA	39	143	1618	215	3		
2367.	2584	13.11.18	BD	30	M	71	158	R	VD	B+ve	13.3	464	SDP	7.1	MCS+	76	320	2750	278	5.8		
2368.	2585	13.11.18	JS	29	M	75	165	R	VD	O+ve	14.9	299	SDP	6.5	TRIMA	75	240	2870	384	6		
2369.	2586	13.11.18	AK	55	M	73	170	R	VD	A+ve	15.7	218	SDP	6	TRIMA	51	221	2369	216	3		
2370.	2587	13.11.18	GS	25	M	74	165	R	VD	B+ve	15	214	SDP	6	MCS+	70	336	2665	260	3		
2371.	2588	13.11.18	SS	41	M	84	168	R	VD	O+ve	15.5	268	SDP	6.4	TRIMA	59	230	2556	286	4		
2372.	2589	13.11.18	A	43	M	60	168	R	VD	A+ve	13.9	314	SDP	6	TRIMA	38	177	1803	214	3		
2373.	2590	13.11.18	S	33	M	70	167	FT	VD	B+ve	15.7	243	SDP	6.4	TRIMA	50	193	2089	214	3		
2374.	2591	13.11.18	RK	54	M	68	175	R	VD	B+ve	14.7	295	SDP	7.1	TRIMA	60	255	2335	308	4		
2375.	2592	13.11.18	RL	43	M	84	170	R	VD	O+ve	14.5	258	SDP	6	TRIMA	43	187	2045	215	3		
2376.	2593	13.11.18	S	40	M	80	170	FT	RD	O+ve	14.2	181	SDP	6	TRIMA	65	247	2640	219	3		Citrate Toxicity
2377.	2594	13.11.18	V	23	M	60	170	R	VD	B+ve	15.6	243	SDP	6.6	MCS+	72	350	2870	266	3.2		
2378.	2595	13.11.18	R	25	M	70	170	R	VD	B+ve	15.8	293	SDP	6.5	MCS+	69	334	2540	220	3.2		
2379.	2596	13.11.18	A	23	M	60	170	R	VD	O+ve	14.2	266	SDP	6.2	MCS+	53	286	2162	260	3		
2380.	2597	13.11.18	MK	39	M	90	164	R	VD	B+ve	12	231	SDP	6	TRIMA	59	244	2748	286	4		
2381.	2598	13.11.18	DS	50	M	77	180	R	VD	B+ve	16.5	260	SDP	6	MCS+	93	324	2765	271	3.5		
2382.	2599	13.11.18	D	25	M	75	170	R	VD	AB+ve	13.1	375	SDP	6.8	MCS+	114	475	3364	401	5.5		
2383.	2600	13.11.18	GS	23	M	60	175	R	VD	A+ve	16.3	215	SDP	6.8	TRIMA	51	221	2369	216	3		
2384.	2601	13.11.18	R	21	M	80	172	R	VD	B+ve	14.6	195	SDP	6	MCS+	87	367	2964	268	3		
2385.	2602	13.11.18	HS	23	M	68	170	R	VD	B+ve	15.4	237	SDP	6	MCS+	82	370	2890	265	3.4		
2386.	2603	14.11.18	SK	24	M	78	175	R	VD	B+ve	15.4	272	SDP	6	MCS+	70	324	2585	250	3.2		
2387.	2604	14.11.18	GS	29	M	76	165	R	VD	O+ve	15.7	241	SDP	6	MCS+	82	370	2890	265	3.4		
2388.	2605	14.11.18	GS	49	M	65	165	R	VD	A+ve	15.3	280	SDP	7.3	MCS+	68	315	2578	270	3		
2389.	2606	14.11.18	RB	31	M	63	175	R	VD	O+ve	13.8	302	SDP	6	MCS+	74	356	2673	240	3.6		
2390.	2607	14.11.18	ES	21	M	60	170	R	VD	B+ve	15.6	330	SDP	6	MCS+	78	322	2497	256	4		
2391.	2608	14.11.18	VG	43	M	65	170	FT	VD	O+ve	14.1	287	SDP	6	TRIMA	36	165	1848	214	3		
2392.	2617	14.11.18	N	19	M	62	177	R	VD	B+ve	14.4	189	SDP	7.6	TRIMA	61	283	2870	214	3		
2393.	2618	14.11.18	S	25	M	62	176	R	VD	B+ve	13.1	298	SDP	6	TRIMA	60	200	2288	287	4		
2394.	2619	14.11.18	V	22	M	70	170	R	VD	A+ve	15.7	202	SDP	6	MCS+	102	418	3363	315	3		

Sr. No.	DP. No.	Date	Donor's Name & Address	Age	Sex	Weight (Kg)	Height (Cms)	First Time Donor/ Repeat Donor	Voluntary Donor/ Replacement Donor	Blood Group	Hb (g/dl)	Platelet Count (nX109/L)	Type of Procedure SDP/ Plasma Pheresis	TSP (g/dl)	Equipment TRIMA/ MCS+	Duration in min	Volume of Anticoa gulant Used (ml)	Whole Blood Used (ml)	Volume (ml)	PLT YIELD (X1011/µl)	Discard	Adverse Event
2395.	2620	14.11.18	P	24	M	60	170	R	VD	A+ve	15.6	263	SDP	6	MCS+	93	324	2765	271	3.5		
2396.	2621	14.11.18	C	22	M	68	172	R	VD	B+ve	15.4	286	SDP	6	TRIMA	36	165	1848	214	3		
2397.	2622	14.11.18	P	19	M	100	167	R	VD	B+ve	14.4	248	SDP	6	TRIMA	44	191	2110	214	3		Vascular Injury
2398.	2623	14.11.18	JP	35	M	78	165	R	VD	B+ve	14.6	235	SDP	6	MCS+	82	370	2890	265	3.4		
2399.	2624	14.11.18	BB	24	M	82	170	R	VD	O+ve	15	229	SDP	6	TRIMA	60	208	2272	215	3		
2400.	2625	14.11.18	H	40	M	84	180	FT	VD	AB+ve	15.4	312	SDP	6	MCS+	65	310	2440	273	3.5		
2401.	2626	14.11.18	S	27	M	74	170	R	VD	B+ve	15.9	215	SDP	6	MCS+	70	336	2665	260	3		
2402.	2627	14.11.18	JP	25	M	66	170	R	VD	B+ve	14.4	264	SDP	6	MCS+	73	330	2678	250	3.4		
2403.	2628	14.11.18	S	24	M	72	165	R	VD	A+ve	13.9	195	SDP	6	TRIMA	50	228	2477	213	3		
2404.	2629	14.11.18	N	37	M	84	165	R	VD	B+ve	15	205	SDP	6	MCS+	90	369	2966	270	3		
2405.	2630	15.11.18	PS	53	M	90	170	R	VD	AB+ve	14.6	191	SDP	6	MCS+	102	418	3363	315	3		
2406.	2631	15.11.18	BS	58	M	77	165	R	VD	A+ve	15.8	243	SDP	6	MCS+	72	350	2870	266	3.2		
2407.	2632	15.11.18	RS	25	M	83	175	R	VD	O+ve	15.9	197	SDP	6	MCS+	87	367	2964	268	3		
2408.	2633	15.11.18	SS	50	M	84	170	R	VD	O+ve	14.3	249	SDP	7.3	MCS+	74	370	2830	280	3		
2409.	2634	15.11.18	MK	29	M	72	170	R	VD	B+ve	16.1	262	SDP	6	TRIMA	43	187	2045	215	3		
2410.	2635	15.11.18	DS	31	M	82	177	R	VD	B+ve	13.7	195	SDP	6	MCS+	87	367	2964	268	3		
2411.	2636	15.11.18	BS	38	M	75	170	R	VD	A+ve	15.2	200	SDP	6	MCS+	90	369	2966	270	3		
2412.	2637	15.11.18	K	42	M	68	170	R	VD	B+ve	13.7	208	SDP	7.6	MCS+	90	369	2966	270	3		
2413.	2638	15.11.18	S	43	M	80	164	R	VD	O+ve	14.2	274	SDP	7.3	MCS+	70	324	2585	250	3.2		
2414.	2639	15.11.18	MS	30	M	97	180	R	VD	AB+ve	14.1	349	SDP	7.4	TRIMA	39	143	1618	215	3		
2415.	2640	15.11.18	AS	23	M	66	170	R	VD	O+ve	16.3	291	SDP	6.5	TRIMA	60	255	2335	308	4		
2416.	2641	15.11.18	SS	22	M	72	175	R	VD	O-ve	13.9	218	SDP	6	TRIMA	51	221	2369	216	3		
2417.	2642	15.11.18	D	22	M	78	172	FT	VD	O+ve	16.6	223	SDP	6	TRIMA	51	221	2369	216	3		
2418.	2643	15.11.18	LK	23	M	77	170	R	VD	O+ve	14.8	298	SDP	6.4	TRIMA	75	240	2870	384	6		
2419.	2644	15.11.18	JP	25	M	63	175	R	VD	B+ve	14.6	297	SDP	6.4	TRIMA	60	255	2335	308	4		
2420.	2645	15.11.18	MS	25	M	85	167	R	VD	B+ve	15	260	SDP	6.2	MCS+	93	324	2765	271	3.5		
2421.	2646	15.11.18	JP	40	M	68	168	R	RD	O+ve	15.8	193	SDP	6	TRIMA	50	228	2477	213	3		Citrate Toxicity
2422.	2647	15.11.18	R	35	M	72	172	R	VD	O+ve	14.7	204	SDP	6	TRIMA	55	234	2499	214	3		
2423.	2648	15.11.18	AS	32	M	80	175	R	VD	A+ve	12.5	314	SDP	6	TRIMA	38	177	1803	214	3		
2424.	2649	15.11.18	GS	32	M	85	180	FT	VD	B+ve	13.6	214	SDP	6	MCS+	70	336	2665	260	3		
2425.	2650	15.11.18	P	26	M	72	170	R	VD	B+ve	12.5	261	SDP	7.1	MCS+	93	324	2765	271	3.5		
2426.	2651	15.11.18	DS	31	M	77	164	R	VD	B+ve	16.6	246	SDP	6.5	TRIMA	50	193	2089	214	3		
2427.	2652	15.11.18	M	26	M	80	167	R	VD	O+ve	12.9	218	SDP	6	TRIMA	51	221	2369	216	3		
2428.	2653	15.11.18	SB	48	M	62	167	FT	VD	O+ve	13.1	182	SDP	6	TRIMA	65	247	2640	219	3		
2429.	2654	15.11.18	D	19	M	83	168	R	VD	B+ve	16.3	258	SDP	6.4	MCS+	93	324	2765	271	3.5		
2430.	2655	15.11.18	AS	26	M	76	166	R	VD	B+ve	14.6	240	SDP	6	MCS+	82	370	2890	265	3.4		
2431.	2656	15.11.18	TA	25	M	88	170	R	VD	O+ve	14	232	SDP	6.4	MCS+	82	370	2890	265	3.4		
2432.	2657	15.11.18	SS	24	M	82	177	R	VD	B+ve	16.4	212	Plasma pheresis	6.5	MCS+	55	190	1700	500	-		
2433.	2658	15.11.18	AK	25	M	90	170	R	VD	B+ve	16.4	209	SDP	6	MCS+	90	369	2966	270	3		
2434.	2659	15.11.18	V	25	M	62	170	R	VD	O+ve	14.4	257	SDP	6	MCS+	93	324	2765	271	3.5		
2435.	2660	15.11.18	SK	25	M	80	167	R	VD	O+ve	12.7	280	SDP	6.4	MCS+	68	315	2578	270	3		
2436.	2661	16.11.18	A	30	M	78	170	R	VD	A+ve	15.1	315	SDP	6	MCS+	65	310	2440	273	3.5		
2437.	2663	16.11.18	R	30	M	63	168	R	VD	O+ve	15.4	296	SDP	6.8	MCS+	80	360	2840	260	4.2		
2438.	2664	16.11.18	M	26	M	75	170	R	VD	O+ve	14.3	202	SDP	6	MCS+	90	369	2966	270	3		
2439.	2665	16.11.18	DC	49	M	83	172	FT	VD	A+ve	14.4	204	SDP	6	TRIMA	55	234	2499	214	3		Vascular Injury
2440.	2666	16.11.18	HS	39	M	94	182	R	VD	O+ve	14.7	292	SDP	6	MCS+	69	334	2540	220	3.2		
2441.	2667	16.11.18	R	22	M	68	158	FT	VD	A+ve	15.2	403	SDP	6	TRIMA	39	143	1618	215	3		
2442.	2668	16.11.18	A	36	M	82	165	R	VD	A+ve	15	264	SDP	7.3	MCS+	73	330	2678	250	3.4		
2443.	2669	16.11.18	B	44	M	70	170	R	RD	O+ve	16.1	279	SDP	6	TRIMA	65	228	2287	286	4		
2444.	2670	16.11.18	A	24	M	66	165	R	VD	O+ve	15.2	218	SDP	6	TRIMA	51	221	2369	216	3		
2445.	2671	16.11.18	GS	24	M	87	168	R	VD	B+ve	14.6	225	SDP	6	TRIMA	60	208	2272	215	3		
2446.	2672	16.11.18	KS	26	M	84	168	R	VD	O+ve	13.3	387	SDP	7.6	MCS+	75	341	2664	250	5.1		
2447.	2673	16.11.18	S	29	M	75	167	R	VD	O+ve	12.8	351	SDP	6	MCS+	74	321	2487	240	3.6		
2448.	2674	16.11.18	GS	37	M	80	175	R	RD	B+ve	15.2	231	SDP	6	TRIMA	59	244	2748	286	4		Extra Kit Technique Related
2449.	2675	16.11.18	AD	20	M	60	170	R	VD	B+ve	13.9	261	SDP	6	TRIMA	43	187	2045	215	3		
2450.	2676	16.11.18	M	20	M	60	170	R	VD	O+ve	16.2	242	SDP	6.4	MCS+	80	377	2856	273	4.1		
2451.	2677	16.11.18	AJ	20	M	85	170	R	VD	B+ve	17.9	369	SDP	6	MCS+	77	354	2768	340	5		
2452.	2678	16.11.18	AK	31	M	71	170	R	RD	O+ve	13.9	281	SDP	6.4	TRIMA	47	214	2427	285	4		Citrate Toxicity
2453.	2679	16.11.18	NS	37	M	60	170	R	VD	A+ve	15.2	272	SDP	7.1	MCS+	70	324	2585	250	3.2		
2454.	2680	16.11.18	GS	36	M	70	164	R	VD	O+ve	14.4	300	SDP	6	MCS+	74	356	2673	240	3.6		
2455.	2681	16.11.18	DS	46	M	65	180	FT	VD	A+ve	14.7	264	SDP	6	MCS+	73	330	2678	250	3.4		
2456.	2682	16.11.18	P	37	M	60	170	R	VD	AB+ve	16	263	SDP	6.6	MCS+	93	324	2765	271	3.5		
2457.	2683	16.11.18	A	24	M	78	175	R	VD	B+ve	13.1	287	SDP	6.5	MCS+	68	315	2578	270	3		
2458.	2684	16.11.18	BL	33	M	92	172	R	VD	O+ve	13.9	208	SDP	6.2	MCS+	90	369	2966	270	3		
2459.	2685	16.11.18	JS	36	M	84	170	R	VD	O+ve	12.5	309	SDP	6	MCS+	82	367	2840	220	4.1		
2460.	2686	16.11.18	P	21	M	85	175	R	VD	AB+ve	15.6	206	SDP	6	MCS+	90	369	2966	270	3		
2461.	2687	16.11.18	GS	22	M	90	165	FT	VD	A+ve	12.6	266	SDP	6.8	MCS+	53	286	2162	260	3		
2462.	2688	16.11.18	P	35	M	80	165	R	VD	B+ve	15.8	293	SDP	6.8	MCS+	69	334	2540	220	3.2		
2463.	2689	17.11.18	AK	26	M	63	175	R	VD	B+ve	15.9	261	SDP	6	MCS+	93	324	2765	271	3.5		
2464.	2690	17.11.18	VK	32	M	80	170	FT	VD	B+ve	15.3	307	SDP	6	MCS+	74	356	2673	240	3.6		
2465.	2691	17.11.18	RK	44	M	68	170	R	VD	O+ve	17	252	SDP	6	TRIMA	44	191	2110	214	3		
2466.	2692	17.11.18	S	36	M	62	177	R	VD	B+ve	17	288	SDP	6	MCS+	68	315	2578	270	3		
2467.	2693	17.11.18	AS	18	M	62	176	FT	VD	A+ve	14.7	236	SDP	7.3	TRIMA	50	184	2046	214	3		
2468.	2695	17.11.18	BK	45	M	80	170	FT	VD	A+ve	11.2	436	SDP	6	TRIMA	77	209	2681	501	7		
2469.	2696	17.11.18	AS	22	M	75	170	FT	VD	A+ve	14.2	260	SDP	6	TRIMA	43	187	2045	215	3		

Sr. No.	DP. No.	Date	Donor's Name & Address	Age	Sex	Weight (Kg)	Height (Cms)	First Time Donor/ Repeat Donor	Voluntary Donor/ Replacement Donor	Blood Group	Hb (g/dl)	Platelet Count (nX109/L)	Type of Procedure SDP/ Plasma Pheresis	TSP (g/dl)	Equipment TRIMA/ MCS+	Duration in min	Volume of Anticoa gulant Used (ml)	Whole Blood Used (ml)	Volume (ml)	PLT YIELD (X1011/µl)	Discard	Adverse Event
2470.	2698	17.11.18	RS	50	M	88	172	R	VD	B+ve	15.6	273	SDP	6	TRIMA	59	230	2556	286	4		
2471.	2699	17.11.18	GS	28	M	90	167	R	VD	AB+ve	15.6	285	SDP	7.6	MCS+	68	315	2578	270	3		
2472.	2700	17.11.18	S	29	M	76	165	R	VD	O+ve	15.2	227	SDP	7.3	MCS+	81	366	2887	263	3.4		
2473.	2701	17.11.18	MS	45	M	68	170	R	VD	AB+ve	14.8	249	SDP	7.4	MCS+	74	370	2830	280	3		
2474.	2702	17.11.18	SB	33	M	60	180	R	VD	O+ve	15.1	203	SDP	6.5	MCS+	90	369	2966	270	3		
2475.	2703	17.11.18	P	23	M	84	170	R	VD	B+ve	14.4	253	SDP	6	MCS+	80	377	2856	270	4		
2476.	2704	17.11.18	D	30	M	74	170	FT	VD	B+ve	16.2	329	SDP	6	TRIMA	35	156	1723	214	3		
2477.	2705	17.11.18	B	30	M	75	165	FT	VD	A+ve	15.6	239	SDP	6.4	MCS+	82	370	2890	265	3.4		
2478.	2706	17.11.18	SK	33	M	90	165	R	VD	AB+ve	14.6	259	SDP	6.4	MCS+	93	324	2765	271	3.5		
2479.	2707	17.11.18	R	25	M	78	170	R	VD	B+ve	15.9	309	SDP	6.2	TRIMA	38	177	1803	214	3		
2480.	2708	17.11.18	G	24	M	68	165	R	VD	A+ve	13.1	301	SDP	6	MCS+	74	356	2673	240	3.6		
2481.	2709	18.11.18	RK	42	M	90	175	R	VD	O+ve	17.2	372	SDP	6	MCS+	72	363	2778	373	4.9		
2482.	2710	18.11.18	A	19	M	73	170	R	VD	B+ve	15.9	307	SDP	6	MCS+	74	356	2673	240	3.6		
2483.	2711	18.11.18	NG	32	M	78	170	FT	VD	B+ve	15.9	215	SDP	6	MCS+	70	336	2665	260	3		
2484.	2712	18.11.18	KS	23	M	70	177	R	VD	B+ve	15.3	236	SDP	7.1	MCS+	82	370	2890	265	3.4		
2485.	2713	18.11.18	AM	35	M	60	170	R	VD	A+ve	14.8	200	SDP	6.5	MCS+	90	369	2966	270	3		
2486.	2714	18.11.18	N	46	M	73	170	R	VD	B+ve	15.8	252	SDP	6	MCS+	80	377	2856	270	4		
2487.	2715	18.11.18	GS	20	M	75	164	R	VD	A+ve	16.8	192	SDP	6	MCS+	102	418	3363	315	3		
2488.	2716	18.11.18	KS	35	M	80	180	FT	VD	B+ve	13.3	333	SDP	6.4	MCS+	82	358	2693	330	4.8		
2489.	2717	18.11.18	R	22	M	62	170	FT	VD	A+ve	16.1	233	SDP	6	MCS+	82	370	2890	265	3.4		
2490.	2718	18.11.18	N	28	M	70	175	R	VD	A+ve	16.3	228	SDP	6.4	MCS+	81	366	2887	263	3.4		
2491.	2720	18.11.18	SS	22	M	61	172	R	VD	B+ve	15.4	265	SDP	7.1	MCS+	53	286	2162	260	3		
2492.	2721	18.11.18	S	25	M	62	170	R	VD	O+ve	14.1	198	SDP	6	MCS+	87	367	2964	268	3		
2493.	2722	18.11.18	JS	26	M	88	175	R	VD	A+ve	15.2	297	SDP	6	MCS+	74	356	2673	240	3.6		
2494.	2723	18.11.18	R	20	M	72	167	R	VD	O+ve	14.7	296	SDP	6.6	MCS+	80	360	2840	260	4.2		
2495.	2724	18.11.18	M	24	M	62	168	R	VD	B+ve	16.3	261	SDP	6.5	MCS+	93	324	2765	271	3.5		
2496.	2725	18.11.18	D	36	M	74	172	R	VD	O+ve	14.7	199	SDP	6.2	MCS+	90	369	2966	270	3		
2497.	2726	18.11.18	S	24	M	90	175	FT	VD	AB+ve	16.8	242	SDP	6	MCS+	80	377	2856	273	4.1		
2498.	2727	18.11.18	H	26	M	60	180	R	VD	B+ve	15.4	349	SDP	6	TRIMA	39	143	1618	215	3		
2499.	2728	18.11.18	A	36	M	60	170	R	VD	AB+ve	13.9	419	SDP	6.8	MCS+	65	321	2487	280	4.5		
2500.	2729	18.11.18	G	28	M	84	164	R	VD	B+ve	13.9	330	SDP	6.8	TRIMA	35	156	1723	214	3		
2501.	2730	19.11.18	S	32	M	76	170	FT	VD	O+ve	15	278	SDP	6	MCS+	68	315	2578	270	3		
2502.	2733	19.11.18	GS	26	M	70	170	FT	VD	O+ve	13.4	217	SDP	6	MCS+	70	336	2665	260	3		
2503.	2734	19.11.18	JP	32	M	73	175	R	VD	A+ve	13.8	233	SDP	6	MCS+	82	370	2890	265	3.4		
2504.	2735	19.11.18	S	20	M	85	170	R	VD	B+ve	15.6	298	SDP	6	TRIMA	75	240	2870	384	6		
2505.	2736	19.11.18	VB	26	M	63	180	FT	VD	B+ve	12.1	327	SDP	7.3	MCS+	80	350	2710	290	4.8		
2506.	2737	19.11.18	V	50	M	78	165	R	VD	B+ve	14.6	272	SDP	6	MCS+	70	324	2585	250	3.2		
2507.	2738	19.11.18	BS	26	M	78	170	FT	VD	B+ve	13.8	199	SDP	6	MCS+	90	369	2966	270	3		
2508.	2739	19.11.18	V	33	M	70	180	R	VD	A+ve	15	198	SDP	6	MCS+	87	367	2964	268	3		
2509.	2740	19.11.18	PK	35	M	84	162	FT	VD	O+ve	15.8	263	SDP	7.6	MCS+	93	324	2765	271	3.5		
2510.	2741	19.11.18	PK	35	M	90	172	R	VD	O+ve	14.4	344	SDP	6	TRIMA	39	143	1618	215	3		
2511.	2742	19.11.18	I	26	M	60	170	FT	VD	A+ve	13.8	335	SDP	6	MCS+	80	352	2790	330	5.1		
2512.	2743	19.11.18	RT	24	M	70	167	FT	VD	B+ve	14.6	285	SDP	6	TRIMA	54	209	2385	288	4		
2513.	2744	19.11.18	SS	30	M	78	165	R	VD	O+ve	16.3	300	SDP	6	TRIMA	42	220	2239	248	5		
2514.	2745	19.11.18	HS	35	M	78	162	R	VD	O+ve	15.6	253	SDP	6	MCS+	80	377	2856	270	4		
2515.	2746	19.11.18	P	28	M	60	175	R	VD	AB+ve	15.4	245	SDP	6	MCS+	74	370	2830	280	3		
2516.	2747	19.11.18	R	23	M	68	170	R	VD	A+ve	14.9	318	SDP	6	MCS+	72	287	2250	215	3.2		
2517.	2748	19.11.18	P	25	M	67	173	R	VD	A+ve	14.9	216	SDP	6	MCS+	70	336	2665	260	3		
2518.	2749	19.11.18	P	30	M	84	165	R	VD	B+ve	15	292	SDP	6	MCS+	69	334	2540	220	3.2		
2519.	2750	19.11.18	S	31	M	80	165	R	VD	AB+ve	13.3	310	SDP	6	MCS+	82	367	2840	220	4.1		
2520.	2751	19.11.18	N	35	M	97	167	R	VD	O+ve	14.2	218	SDP	6	MCS+	70	336	2665	260	3		
2521.	2752	20.11.18	RK	32	M	85	165	R	VD	B+ve	15.3	242	SDP	6	MCS+	80	377	2856	273	4.1		
2522.	2753	20.11.18	P	24	M	60	163	FT	VD	AB+ve	13.3	294	SDP	6	MCS+	80	360	2840	260	4.2		
2523.	2754	20.11.18	CS	43	M	71	167	R	VD	B+ve	14.2	268	SDP	6	MCS+	53	286	2162	260	3		
2524.	2755	20.11.18	SK	25	M	79	167	R	VD	AB+ve	16.7	262	SDP	6	MCS+	93	324	2765	271	3.5		
2525.	2756	20.11.18	NS	43	M	66	168	R	VD	O+ve	14.5	310	SDP	7.3	MCS+	82	367	2840	220	4.1		
2526.	2757	20.11.18	GS	23	M	75	166	R	VD	B+ve	14.3	206	SDP	6	MCS+	90	369	2966	270	3		
2527.	2758	20.11.18	AJ	37	M	72	170	R	VD	AB+ve	14.8	250	SDP	6	TRIMA	44	191	2110	214	3		
2528.	2759	20.11.18	AS	24	M	63	177	FT	VD	B+ve	15.5	281	SDP	6	MCS+	68	315	2578	270	3		
2529.	2760	20.11.18	RS	35	M	65	170	R	VD	O+ve	15	322	SDP	7.6	MCS+	78	340	2640	265	4.1		
2530.	2761	20.11.18	LS	27	M	60	170	FT	VD	O+ve	13.6	280	SDP	7.3	MCS+	68	315	2578	270	3		
2531.	2762	20.11.18	SS	23	M	80	167	R	VD	A+ve	14.1	253	SDP	7.4	MCS+	80	377	2856	270	4		
2532.	2763	20.11.18	G	23	M	68	170	R	VD	AB+ve	15.2	304	SDP	6.5	MCS+	74	356	2673	240	3.6		
2533.	2764	20.11.18	S	22	M	68	168	R	VD	O+ve	15.1	497	SDP	6	MCS+	76	320	2750	278	5.8		
2534.	2765	20.11.18	N	30	M	97	170	R	VD	B+ve	16.2	334	SDP	6	MCS+	82	358	2693	330	4.8		
2535.	2766	21.11.18	AG	42	M	84	172	R	VD	O+ve	16.1	221	SDP	6.4	MCS+	73	336	2665	290	3		
2536.	2767	21.11.18	DS	38	M	84	182	R	VD	B+ve	15.6	242	SDP	6.4	TRIMA	50	193	2089	214	3		
2537.	2768	21.11.18	SK	21	M	88	158	R	VD	A+ve	15	353	SDP	6.2	TRIMA	39	143	1618	215	3		
2538.	2769	21.11.18	S	34	M	78	165	R	VD	O+ve	14.1	360	SDP	6	TRIMA	39	143	1618	215	3		
2539.	2770	21.11.18	VS	21	M	75	170	R	VD	A+ve	14.8	313	SDP	6	TRIMA	38	177	1803	214	3		
2540.	2771	21.11.18	GK	32	M	85	165	R	VD	A+ve	12.4	329	SDP	6	TRIMA	35	156	1723	214	3		
2541.	2772	21.11.18	A	21	M	80	168	R	VD	AB+ve	14.9	257	SDP	6	TRIMA	43	187	2045	215	3		
2542.	2773	21.11.18	SJ	24	M	76	168	FT	VD	B+ve	12.7	234	SDP	7.1	MCS+	82	370	2890	265	3.4		
2543.	2774	21.11.18	GS	32	M	70	167	R	VD	B+ve	14.2	254	SDP	6.5	MCS+	80	377	2856	270	4		
2544.	2775	21.11.18	TS	30	M	63	175	R	VD	A+ve	14.4	410	SDP	6	MCS+	123	480	3541	340	6		Citrate Toxicity
2545.	2776	21.11.18	GS	38	M	68	170	R	VD	O+ve	15.2	207	SDP	6	MCS+	90	369	2966	270	3		
2546.	2777	22.11.18	M	29	M	90	168	R	VD	A+ve	13.2	294	SDP	6.4	MCS+	80	360	2840	260	4.2		
2547.	2778	22.11.18	JP	22	M	62	166	R	VD	A+ve	14.1	236	SDP	6	MCS+	82	370	2890	265	3.4		
2548.	2780	22.11.18	S	29	M	62	170	R	VD	B+ve	14.7	317	SDP	6.4	MCS+	72	287	2250	215	3.2		

Sr. No.	DP. No.	Date	Donor's Name & Address	Age	Sex	Weight (Kg)	Height (Cms)	First Time Donor/ Repeat Donor	Voluntary Donor/ Replacement Donor	Blood Group	Hb (g/dl)	Platelet Count (nX109/L)	Type of Procedure SDP/ Plasma Pheresis	TSP (g/dl)	Equipment TRIMA/ MCS+	Duration in min	Volume of Anticoa gulant Used (ml)	Whole Blood Used (ml)	Volume (ml)	PLT YIELD (X1011/µl)	Discard	Adverse Event
2549.	2781	22.11.18	I	33	M	78	177	R	VD	B+ve	15.7	396	SDP	7.1	MCS+	67	280	2445	330	5.6		
2550.	2782	22.11.18	K	21	M	70	170	R	VD	O+ve	14.6	302	SDP	6	MCS+	74	356	2673	240	3.6		
2551.	2783	22.11.18	I	30	M	62	170	R	VD	AB+ve	14.6	269	SDP	6	MCS+	70	330	2678	280	3.3		
2552.	2784	22.11.18	VJ	38	M	70	167	R	VD	B+ve	16.2	428	SDP	6.6	TRIMA	39	143	1618	215	3		
2553.	2785	22.11.18	K	27	M	62	170	FT	VD	A+ve	14.7	266	SDP	6.5	TRIMA	59	230	2556	286	4		
2554.	2786	22.11.18	A	22	M	77	168	R	VD	O+ve	14.2	201	SDP	6.2	MCS+	90	369	2966	270	3		
2555.	2787	22.11.18	SM	26	M	80	170	R	VD	B+ve	14.9	282	SDP	6	TRIMA	47	214	2427	285	4		
2556.	2788	22.11.18	NS	24	M	78	172	FT	VD	O+ve	16.1	196	SDP	6	TRIMA	50	228	2477	213	3		
2557.	2789	22.11.18	SS	34	M	65	182	R	VD	B+ve	13.6	221	SDP	6.8	MCS+	73	336	2665	290	3		
2558.	2790	22.11.18	MI	21	M	60	158	R	VD	O+ve	14.1	250	SDP	6.8	MCS+	72	330	2630	282	3		
2559.	2791	22.11.18	N	23	M	68	165	R	VD	AB+ve	14.9	267	SDP	6	MCS+	53	286	2162	260	3		
2560.	2792	22.11.18	GS	29	M	65	170	R	VD	B+ve	15.1	232	SDP	6	MCS+	82	370	2890	265	3.4		
2561.	2793	22.11.18	IS	23	M	72	165	R	VD	B+ve	14.2	224	SDP	6	MCS+	73	354	2876	240	3.1		
2562.	2794	22.11.18	S	27	M	98	168	FT	VD	B+ve	12	204	SDP	6	MCS+	90	369	2966	270	3		
2563.	2795	22.11.18	P	26	M	85	168	R	VD	AB+ve	16.4	237	SDP	7.3	MCS+	82	370	2890	265	3.4		
2564.	2796	23.11.18	HA	20	M	80	167	R	VD	O+ve	16.3	251	SDP	6	MCS+	72	330	2630	282	3		
2565.	2797	23.11.18	VJ	40	M	85	175	R	VD	B+ve	15.4	372	SDP	6	MCS+	72	363	2778	373	4.9		
2566.	2798	23.11.18	KG	25	M	70	170	R	VD	B+ve	14.7	313	SDP	6	MCS+	65	310	2440	273	3.5		
2567.	2799	23.11.18	HS	26	M	70	170	R	VD	O+ve	16.1	299	SDP	7.6	MCS+	74	356	2673	240	3.6		
2568.	2800	23.11.18	MS	23	M	78	170	R	VD	AB+ve	16.1	192	SDP	6	MCS+	102	418	3363	315	3		
2569.	2801	23.11.18	A	28	M	84	170	R	VD	B+ve	14.3	221	SDP	6	MCS+	73	336	2665	290	3		
2570.	2802	23.11.18	DS	33	M	60	170	R	VD	B+ve	15.9	278	SDP	6	MCS+	68	315	2578	270	3		
2571.	2803	23.11.18	R	30	M	79	164	R	VD	A+ve	15.5	226	SDP	6	MCS+	81	366	2887	263	3.4		Citrate Toxicity
2572.	2804	23.11.18	DK	29	M	75	180	R	VD	A+ve	16.3	260	SDP	6	MCS+	93	324	2765	271	3.5		
2573.	2805	23.11.18	AG	40	M	80	170	R	VD	O+ve	16	325	SDP	7.6	MCS+	80	350	2710	290	4.8		
2574.	2806	23.11.18	MK	49	M	76	175	R	RD	O+ve	14.3	389	SDP	7.3	MCS+	75	341	2664	250	5.1		
2575.	2807	23.11.18	S	37	M	62	172	R	VD	A+ve	13.7	232	SDP	7.4	MCS+	82	370	2890	265	3.4		
2576.	2808	23.11.18	DK	24	M	80	170	R	VD	O+ve	14.8	353	SDP	6.5	MCS+	74	321	2487	240	3.6		
2577.	2809	23.11.18	MS	34	M	82	175	R	VD	B+ve	16.6	343	SDP	6	TRIMA	39	143	1618	215	3		
2578.	2810	23.11.18	MS	23	M	82	165	R	VD	A+ve	16	257	SDP	6	TRIMA	43	187	2045	215	3		
2579.	2811	23.11.18	A	26	M	97	165	R	VD	O+ve	14.4	283	SDP	6.4	TRIMA	47	214	2427	285	4		
2580.	2812	23.11.18	TS	18	M	80	175	FT	VD	A+ve	12.6	309	SDP	6.4	TRIMA	38	177	1803	214	3		
2581.	2813	23.11.18	M	39	M	90	170	R	VD	O+ve	12.9	193	SDP	6.2	TRIMA	50	228	2477	213	3		
2582.	2814	23.11.18	A	27	M	68	170	FT	RD	O+ve	15.3	303	SDP	6	MCS+	74	356	2673	240	3.6		Vasovagal
2583.	2815	24.11.18	JS	26	M	78	177	R	VD	A+ve	15.4	200	SDP	6	MCS+	90	369	2966	270	3		
2584.	2816	24.11.18	M	26	M	60	176	R	VD	B+ve	12.3	218	SDP	6	MCS+	70	336	2665	260	3		
2585.	2817	24.11.18	S	24	M	85	170	R	VD	O+ve	13.3	266	SDP	6	MCS+	53	286	2162	260	3		
2586.	2818	24.11.18	JB	32	M	80	170	R	VD	B+ve	16.3	213	SDP	7.1	MCS+	90	369	2966	270	3		
2587.	2819	24.11.18	CH	23	M	78	172	R	VD	B+ve	12.5	329	SDP	6.5	MCS+	64	360	2464	270	3.8		
2588.	2820	24.11.18	A	27	M	65	167	R	VD	O+ve	14.4	297	SDP	6	MCS+	74	356	2673	240	3.6		
2589.	2821	24.11.18	SA	24	M	75	165	R	VD	O+ve	14.2	330	SDP	6	MCS+	78	322	2497	256	4		
2590.	2822	25.11.18	B	36	M	72	170	FT	VD	O+ve	14.3	309	SDP	6.4	MCS+	82	367	2840	220	4.1		
2591.	2823	25.11.18	DS	47	M	74	180	R	VD	A+ve	15.4	221	SDP	6	MCS+	73	336	2665	290	3		
2592.	2826	25.11.18	S	26	M	70	170	R	VD	O+ve	14.8	249	SDP	6.4	MCS+	74	370	2830	280	3		
2593.	2827	25.11.18	M	40	M	80	170	R	VD	A+ve	15.7	227	SDP	7.1	MCS+	81	366	2887	263	3.4		
2594.	2828	25.11.18	HS	48	M	68	165	R	VD	O+ve	16.1	234	SDP	6	MCS+	82	370	2890	265	3.4		
2595.	2829	25.11.18	BS	35	M	76	165	R	VD	B+ve	15.4	197	SDP	6	MCS+	87	367	2964	268	3		
2596.	2830	25.11.18	A	26	M	72	170	R	VD	A+ve	12.9	281	SDP	6.6	MCS+	68	315	2578	270	3		
2597.	2831	25.11.18	L	30	M	70	165	R	VD	A+ve	14.1	195	SDP	6.5	MCS+	87	367	2964	268	3		
2598.	2832	25.11.18	I	24	M	74	175	R	VD	A-ve	14.3	406	SDP	6.2	MCS+	59	379	2498	339	4.7		
2599.	2833	25.11.18	M	26	M	88	170	R	VD	B+ve	16.4	482	SDP	6	MCS+	76	320	2750	278	5.8		
2600.	2834	25.11.18	A	21	M	74	170	FT	VD	A+ve	16.7	339	SDP	6	MCS+	80	352	2790	330	5.1		
2601.	2835	25.11.18	S	24	M	62	177	R	VD	B+ve	15.8	260	SDP	6.8	MCS+	93	324	2765	271	3.5		
2602.	2836	25.11.18	AB	30	M	77	170	R	VD	B+ve	17.2	236	SDP	6.8	MCS+	82	370	2890	265	3.4		
2603.	2837	26.11.18	JS	41	M	73	170	R	VD	O+ve	15.6	251	SDP	6	MCS+	72	330	2630	282	3		
2604.	2838	26.11.18	CS	36	M	60	164	FT	VD	B+ve	16.1	331	SDP	6	MCS+	80	352	2790	330	5.1		
2605.	2839	26.11.18	S	33	M	75	180	R	RD	B+ve	13.7	329	SDP	6	MCS+	64	360	2464	270	3.8		
2606.	2840	26.11.18	HG	38	M	90	170	R	VD	O+ve	15	301	SDP	6	MCS+	74	356	2673	240	3.6		
2607.	2841	26.11.18	L	23	M	60	175	R	VD	O+ve	15.6	398	SDP	7.3	MCS+	67	280	2445	330	5.6		
2608.	2842	26.11.18	GS	21	M	80	172	FT	RD	O+ve	15.8	240	SDP	6	MCS+	82	370	2890	265	3.4		
2609.	2843	26.11.18	I	23	M	72	170	R	VD	O+ve	16	219	SDP	6	TRIMA	51	221	2369	216	3		
2610.	2844	26.11.18	KG	28	M	74	175	R	VD	B+ve	15.2	242	SDP	6	TRIMA	50	193	2089	214	3		
2611.	2845	26.11.18	R	38	M	78	167	R	VD	B+ve	13.4	270	SDP	7.6	TRIMA	59	230	2556	286	4		
2612.	2846	26.11.18	S	36	M	73	168	FT	VD	B+ve	15.8	227	SDP	6	MCS+	81	366	2887	263	3.4		
2613.	2847	26.11.18	J	41	M	80	172	R	VD	B+ve	14.6	262	SDP	6	MCS+	93	324	2765	271	3.5		
2614.	2848	26.11.18	R	34	M	76	175	R	VD	B+ve	14.9	340	SDP	6	MCS+	80	352	2790	330	5.1		
2615.	2849	26.11.18	DS	40	M	60	180	R	VD	A+ve	14.1	241	SDP	6	MCS+	82	370	2890	265	3.4		
2616.	2850	26.11.18	R	24	M	60	170	R	VD	B+ve	14.3	255	SDP	6	MCS+	73	329	2710	258	3.5		
2617.	2851	26.11.18	V	23	M	72	164	R	VD	O-VE	15.2	221	SDP	6	MCS+	73	336	2665	290	3		
2618.	2853	27.11.18	A	25	M	88	167	R	VD	B+ve	12.9	295	SDP	6	MCS+	80	360	2840	260	4.2		
2619.	2854	27.11.18	J	45	M	97	167	R	VD	O+ve	14.1	202	SDP	6	MCS+	90	369	2966	270	3		
2620.	2855	27.11.18	M	25	M	63	168	R	RD	B+ve	16.5	242	SDP	6	MCS+	80	377	2856	273	4.1		Citrate Toxicity
2621.	2856	27.11.18	V	19	M	78	166	FT	VD	A+ve	12.7	295	SDP	6	TRIMA	60	255	2335	308	4		
2622.	2857	27.11.18	VS	30	M	70	170	R	VD	O+ve	15	223	SDP	6	TRIMA	51	221	2369	216	3		
2623.	2858	27.11.18	VJ	28	M	100	177	R	VD	AB+ve	15.3	323	SDP	6	MCS+	80	350	2710	290	4.8		
2624.	2859	27.11.18	I	25	M	68	170	R	RD	B+ve	16.5	223	SDP	6	MCS+	75	354	2876	240	3.1		Citrate Toxicity
2625.	2860	27.11.18	BS	20	M	65	170	R	VD	AB+ve	14.4	295	SDP	6	MCS+	80	360	2840	260	4.2		
2626.	2861	27.11.18	G	19	M	62	167	FT	VD	O+ve	12	258	SDP	6	MCS+	93	324	2765	271	3.5		

Sr. No.	DP. No.	Date	Donor's Name & Address	Age	Sex	Weight (Kg)	Height (Cms)	First Time Donor/ Repeat Donor	Voluntary Donor/ Replacement Donor	Blood Group	Hb (g/dl)	Platelet Count (nX109/L)	Type of Procedure SDP/ Plasma Pheresis	TSP (g/dl)	Equipment TRIMA/ MCS+	Duration in min	Volume of Anticoagulant Used (ml)	Whole Blood Used (ml)	Volume (ml)	PLT YIELD (X1011/µl)	Discard	Adverse Event
2627.	2862	28.11.18	A	25	M	64	170	R	VD	B+ve	15.1	251	SDP	7.3	MCS+	72	330	2630	282	3		
2628.	2863	28.11.18	N	26	M	62	168	R	VD	B+ve	15.9	302	SDP	6	MCS+	74	356	2673	240	3.6		
2629.	2864	28.11.18	GS	41	M	71	170	R	VD	B+ve	15.8	244	SDP	6	MCS+	74	370	2830	280	3		
2630.	2865	28.11.18	H	33	M	80	172	R	RD	AB+ve	14.9	331	SDP	6	MCS+	82	358	2693	330	4.8		
2631.	2866	28.11.18	R	22	M	60	182	R	VD	A+ve	15.5	307	SDP	7.6	TRIMA	38	177	1803	214	3		
2632.	2867	28.11.18	MK	26	M	80	158	R	VD	B+ve	14.5	267	SDP	7.3	TRIMA	59	230	2556	286	4		
2633.	2868	28.11.18	A	26	M	60	165	R	VD	O+ve	14.9	407	SDP	7.4	TRIMA	39	143	1618	215	3		
2634.	2869	28.11.18	RK	31	M	68	170	R	RD	B+ve	12.2	233	SDP	6.5	TRIMA	60	220	2256	213	3		
2635.	2870	28.11.18	JS	28	M	68	165	R	VD	A+ve	14.2	292	SDP	6	TRIMA	60	255	2335	308	4		
2636.	2871	28.11.18	KS	23	M	74	168	R	VD	A+ve	14.7	254	SDP	6	MCS+	80	377	2856	270	4		
2637.	2872	28.11.18	MS	24	M	72	168	R	VD	B+ve	14.6	266	SDP	6.4	TRIMA	59	230	2556	286	4		
2638.	2873	28.11.18	B	21	M	74	167	FT	RD	O+ve	15.7	255	SDP	6.4	MCS+	73	329	2710	258	3.5		
2639.	2874	28.11.18	P	23	M	60	175	R	RD	O+ve	16.4	204	SDP	6.2	MCS+	90	369	2966	270	3	Discarded	
2640.	2875	28.11.18	M	45	M	72	170	R	VD	O+ve	13.6	261	SDP	6	MCS+	93	324	2765	271	3.5		
2641.	2876	28.11.18	A	28	M	70	170	R	VD	O+ve	15.1	332	SDP	6	TRIMA	35	156	1723	214	3		
2642.	2877	28.11.18	AS	36	M	70	170	R	VD	B+ve	12.5	241	SDP	6	MCS+	82	370	2890	265	3.4		
2643.	2878	28.11.18	PS	32	M	63	170	R	VD	B+ve	15.3	239	SDP	6	MCS+	82	370	2890	265	3.4		
2644.	2879	28.11.18	S	22	M	68	170	R	VD	AB+ve	14.1	363	SDP	7.1	MCS+	75	358	2693	340	4.8		
2645.	2880	28.11.18	V	28	M	84	164	R	VD	B+ve	14	251	SDP	6.5	MCS+	72	330	2630	282	3		
2646.	2881	29.11.18	R	28	M	98	180	R	VD	B+ve	14.4	270	SDP	6	MCS+	78	380	2880	250	3.7		
2647.	2882	29.11.18	KS	25	M	75	170	R	VD	A+ve	14.4	256	SDP	6	MCS+	73	329	2710	258	3.5		
2648.	2883	29.11.18	GS	31	M	70	175	R	RD	O+ve	15.6	308	SDP	6.4	MCS+	70	311	2434	275	3.6		
2649.	2884	29.11.18	VS	29	M	82	172	R	VD	O+ve	15.2	218	SDP	6	TRIMA	51	221	2369	216	3		
2650.	2885	29.11.18	MS	38	M	75	170	R	VD	O+ve	15.6	223	SDP	6.4	TRIMA	51	221	2369	216	3		
2651.	2886	29.11.18	J	27	M	74	175	R	RD	A+ve	16.2	196	SDP	6.5	MCS+	87	367	2964	268	3		Citrate Toxicity
2652.	2887	29.11.18	M	26	M	90	165	R	VD	B+ve	13.9	316	SDP	6	MCS+	65	310	2440	273	3.5		
2653.	2888	30.11.18	A	19	M	60	165	FT	VD	B+ve	16.4	290	SDP	6	MCS+	77	360	2840	270	4		
2654.	2889	30.11.18	K	19	M	74	175	FT	VD	B+ve	15	241	SDP	6.4	MCS+	82	370	2890	265	3.4		
2655.	2890	30.11.18	SS	27	M	68	170	R	VD	B+ve	13.6	376	SDP	6	TRIMA	39	143	1618	215	3		
2656.	2891	30.11.18	GS	22	M	72	170	R	VD	A+ve	13.3	350	SDP	6.8	MCS+	74	321	2487	240	3.6		
2657.	2892	30.11.18	A	23	M	78	177	R	VD	B+ve	14.8	369	SDP	6	MCS+	77	354	2768	340	5		
2658.	2893	30.11.18	G	18	M	75	176	FT	VD	B+ve	17.1	313	SDP	6	MCS+	65	310	2440	273	3.5		
2659.	2894	30.11.18	S	27	M	68	170	R	VD	AB+ve	14.5	232	SDP	6	MCS+	82	370	2890	265	3.4		
2660.	2895	30.11.18	HN	18	M	62	170	FT	VD	AB+ve	13.8	298	SDP	6	MCS+	74	356	2673	240	3.6		
2661.	2896	30.11.18	DK	26	M	72	172	R	VD	B+ve	15.9	288	SDP	7.3	MCS+	68	315	2578	270	3		
2662.	2897	30.11.18	A	28	M	62	167	R	RD	A+ve	15.4	288	SDP	6	TRIMA	36	165	1848	214	3		
2663.	2898	30.11.18	G	33	M	60	165	R	RD	AB+ve	13.5	229	SDP	6	TRIMA	60	208	2272	215	3		
2664.	2899	1.12.18	AK	35	M	78	170	R	VD	B+ve	15.7	292	SDP	6	MCS+	69	334	2540	220	3.2		
2665.	2900	1.12.18	RG	46	M	74	180	R	RD	A+ve	12.2	346	SDP	7.6	MCS+	74	321	2487	240	3.6		
2666.	2901	1.12.18	KS	29	M	90	170	R	VD	A+ve	15.1	234	SDP	6	MCS+	82	370	2890	265	3.4		
2667.	2902	1.12.18	G	33	M	78	170	R	RD	A+ve	14.4	210	SDP	6	TRIMA	44	212	2279	214	3		
2668.	2903	1.12.18	H	38	M	65	165	R	VD	AB+ve	13	187	SDP	6	TRIMA	61	283	2870	214	3		
2669.	2904	1.12.18	NG	33	M	78	165	R	RD	B+ve	12.8	426	SDP	6.4	TRIMA	39	143	1618	215	3		
2670.	2905	1.12.18	DS	38	M	88	170	R	VD	AB+ve	12.9	271	SDP	6	MCS+	78	380	2880	250	3.7		
2671.	2906	1.12.18	GS	30	M	64	165	R	RD	A+ve	14.1	334	SDP	6.4	MCS+	82	358	2693	330	4.8		
2672.	2907	1.12.18	PS	52	M	74	175	R	VD	B+ve	13.1	264	SDP	7.1	MCS+	73	330	2678	250	3.4		
2673.	2908	1.12.18	MS	23	M	63	170	R	VD	AB+ve	14.9	313	SDP	6	TRIMA	38	177	1803	214	3		
2674.	2909	1.12.18	KV	27	M	84	170	R	RD	AB+ve	15	330	SDP	6	TRIMA	35	156	1723	214	3		
2675.	2911	2.12.18	MS	24	M	80	177	R	RD	A+ve	13.1	309	SDP	6.6	TRIMA	38	177	1803	214	3		
2676.	2912	2.12.18	PS	25	M	70	170	R	VD	A+ve	14.6	300	SDP	6.5	MCS+	74	356	2673	240	3.6		
2677.	2913	2.12.18	HK	45	M	68	170	R	VD	B+ve	14.7	409	SDP	6.2	TRIMA	39	143	1618	215	3		
2678.	2914	2.12.18	AK	44	M	79	164	R	VD	O+ve	14.1	372	SDP	6	MCS+	72	363	2778	373	4.9		
2679.	2915	2.12.18	GS	39	M	70	180	R	VD	A+ve	15.7	199	SDP	6	TRIMA	50	228	2477	213	3		
2680.	2916	2.12.18	P	20	M	82	170	R	VD	AB+ve	15.3	265	SDP	6.8	TRIMA	59	230	2556	286	4		
2681.	2917	2.12.18	SK	26	M	76	175	R	RD	A+ve	15.3	327	SDP	6.8	TRIMA	35	156	1723	214	3		
2682.	2918	2.12.18	RS	27	M	60	172	R	RD	B+ve	14.5	207	SDP	6	TRIMA	55	234	2499	214	3		
2683.	2919	2.12.18	P	43	M	68	170	R	VD	B+ve	14.6	195	SDP	6	TRIMA	50	228	2477	213	3		
2684.	2920	3.12.18	NS	23	M	87	175	R	VD	B+ve	15.4	266	SDP	6	MCS+	53	286	2162	260	3		
2685.	2921	3.12.18	VS	34	M	95	167	R	RD	B+ve	16.5	220	SDP	6	MCS+	73	336	2665	290	3	Discarded	
2686.	2922	3.12.18	AK	40	M	71	168	R	RD	A+ve	16	269	SDP	7.3	MCS+	70	330	2678	280	3.3		
2687.	2923	3.12.18	P	45	M	68	172	FT	RD	A+ve	14.4	261	SDP	6	MCS+	93	324	2765	271	3.5		Vasovagal
2688.	2924	3.12.18	SS	50	M	88	175	R	RD	A+ve	13.8	200	SDP	6	MCS+	90	369	2966	270	3		
2689.	2925	3.12.18	IT	31	M	70	180	R	RD	O+ve	14.1	291	SDP	6	MCS+	77	360	2840	270	4		
2690.	2926	3.12.18	R	31	M	75	170	R	RD	O+ve	13	200	SDP	7.6	TRIMA	60	264	2563	216	3		
2691.	2927	3.12.18	RS	36	M	97	164	R	VD	A+ve	16.2	234	SDP	7.3	TRIMA	60	220	2256	213	3		
2692.	2928	3.12.18	RN	35	M	85	170	R	RD	AB+ve	16	236	SDP	7.4	MCS+	82	370	2890	265	3.4	Discarded	
2693.	2929	3.12.18	MB	23	M	60	170	R	RD	O+ve	14.4	207	SDP	6.5	MCS+	90	369	2966	270	3		
2694.	2930	3.12.18	R	28	M	84	175	R	RD	O+ve	15.7	303	SDP	6	TRIMA	38	177	1803	214	3		
2695.	2931	3.12.18	R	24	M	98	170	R	RD	AB+ve	14.7	311	SDP	6	TRIMA	38	177	1803	214	3		
2696.	2932	3.12.18	BS	40	M	72	180	R	RD	B+ve	16.3	307	SDP	6.4	TRIMA	38	177	1803	214	3		
2697.	2933	3.12.18	AS	38	M	66	165	R	VD	A+ve	14.2	324	SDP	6.4	TRIMA	35	156	1723	214	3		
2698.	2934	3.12.18	S	42	M	78	170	R	VD	A+ve	16.1	275	SDP	6.2	TRIMA	59	230	2556	286	4		
2699.	2935	4.12.18	GS	25	M	75	180	R	RD	AB+ve	16.9	208	SDP	6	MCS+	90	369	2966	270	3		
2700.	2936	4.12.18	MK	40	M	90	162	R	VD	B+ve	15.7	238	SDP	6	MCS+	82	370	2890	265	3.4		
2701.	2937	4.12.18	JS	42	M	83	172	R	VD	A+ve	15	190	SDP	6	TRIMA	50	228	2477	213	3		
2702.	2938	4.12.18	D	25	M	80	170	R	RD	O+ve	14.3	316	SDP	6	MCS+	65	310	2440	273	3.5		
2703.	2939	4.12.18	AS	38	M	63	167	R	VD	B+ve	16.6	250	SDP	7.1	TRIMA	44	191	2110	214	3		
2704.	2940	4.12.18	MS	30	M	92	165	R	RD	AB+ve	13.8	252	SDP	6.5	TRIMA	44	191	2110	214	3		
2705.	2941	4.12.18	KS	35	M	80	162	R	VD	A+ve	13.9	232	SDP	6	MCS+	82	370	2890	265	3.4		

Sr. No.	DP. No.	Date	Donor's Name & Address	Age	Sex	Weight (Kg)	Height (Cms)	First Time Donor/ Repeat Donor	Voluntary Donor/ Replacement Donor	Blood Group	Hb (g/dl)	Platelet Count (nX109/L)	Type of Procedure SDP/ Plasma Pheresis	TSP (g/dl)	Equipment TRIMA/ MCS+	Duration in min	Volume of Anticoagulant Used (ml)	Whole Blood Used (ml)	Volume (ml)	PLT YIELD (X1011/µl)	Discard	Adverse Event
2706.	2942	4.12.18	RS	31	M	74	175	R	VD	AB+ve	16	392	SDP	6	MCS+	115	480	3456	373	7		
2707.	2943	4.12.18	RG	27	M	90	170	R	RD	B+ve	12	247	SDP	6.4	MCS+	74	370	2830	280	3		
2708.	2944	4.12.18	R	27	M	63	173	R	RD	B+ve	15.5	344	SDP	6	TRIMA	39	143	1618	215	3		
2709.	2945	4.12.18	G	35	M	72	165	R	RD	AB+ve	13.2	318	SDP	6.4	TRIMA	47	187	2161	289	4		
2710.	2946	5.12.18	G	30	M	63	165	R	VD	B+ve	14.7	201	SDP	7.1	MCS+	90	369	2966	270	3		
2711.	2947	5.12.18	H	27	M	88	167	R	VD	A+ve	16.9	331	SDP	6	MCS+	82	358	2693	330	4.8		
2712.	2948	5.12.18	DS	23	M	74	165	R	RD	B+ve	13.8	228	SDP	6	MCS+	81	366	2887	263	3.4		
2713.	2949	5.12.18	YB	26	M	90	163	R	RD	AB-ve	14.3	253	SDP	6.6	MCS+	80	377	2856	270	4		
2714.	2950	5.12.18	SS	23	M	78	167	R	RD	A+ve	14	254	SDP	6.5	MCS+	80	377	2856	270	4		
2715.	2951	5.12.18	SS	42	M	61	167	R	VD	B+ve	14.5	214	SDP	6.2	MCS+	70	336	2665	260	3		
2716.	2952	5.12.18	S	21	M	71	168	R	RD	AB+ve	14.9	385	SDP	6	TRIMA	39	143	1618	215	3		
2717.	2953	5.12.18	L	27	M	98	166	R	VD	B+ve	14.5	259	SDP	6	TRIMA	43	187	2045	215	3		
2718.	2954	5.12.18	VS	24	M	63	170	R	RD	O+ve	15	222	SDP	6.8	MCS+	73	336	2665	290	3		
2719.	2955	5.12.18	A	32	M	70	177	R	VD	A+ve	15.7	281	SDP	6.8	MCS+	68	315	2578	270	3		
2720.	2956	6.12.18	M	37	M	62	170	R	RD	B+ve	17.1	248	SDP	6	MCS+	74	370	2830	280	3		
2721.	2957	6.12.18	MD	32	M	62	170	R	RD	B+ve	14.1	327	SDP	6	MCS+	80	350	2710	290	4.8	Discarded	
2722.	2958	6.12.18	AT	30	M	68	167	FT	VD	O+ve	15.6	317	SDP	6	MCS+	72	287	2250	215	3.2		Vasovagal
2723.	2959	6.12.18	A	40	M	84	170	R	VD	B+ve	15.5	285	SDP	6	MCS+	68	315	2578	270	3		
2724.	2960	6.12.18	T	57	M	68	168	R	VD	O+ve	16.4	447	SDP	7.3	TRIMA	77	209	2681	501	7	Discarded	
2725.	2961	6.12.18	VS	40	M	76	170	R	VD	B+ve	15.4	321	SDP	6	MCS+	72	287	2250	215	3.2		
2726.	2962	6.12.18	AS	24	M	62	172	R	RD	AB+ve	15.3	204	SDP	6	TRIMA	55	234	2499	214	3		
2727.	2963	6.12.18	M	37	M	68	182	R	RD	B+ve	13.8	258	SDP	6	MCS+	93	324	2765	271	3.5	Discarded	
2728.	2964	6.12.18	KS	38	M	62	158	R	RD	A+ve	14.4	199	SDP	7.6	TRIMA	50	228	2477	213	3		
2729.	2965	6.12.18	BS	20	M	74	165	FT	VD	AB+ve	13.6	419	SDP	6	MCS+	65	321	2487	280	4.5		Vascular Injury
2730.	2966	6.12.18	VS	27	M	83	170	R	VD	O+ve	15.7	270	SDP	6	MCS+	78	380	2880	250	3.7		
2731.	2967	6.12.18	S	28	M	73	165	R	RD	B+ve	15.7	331	SDP	6	MCS+	80	352	2790	330	5.1		
2732.	2968	6.12.18	RC	39	M	72	168	R	VD	AB+ve	16.7	250	SDP	6	MCS+	72	330	2630	282	3		
2733.	2969	6.12.18	SK	23	M	78	168	R	RD	AB+ve	14.8	269	SDP	6	TRIMA	59	230	2556	286	4		
2734.	2970	6.12.18	VS	39	M	68	167	R	RD	AB+ve	14.2	362	SDP	6	MCS+	75	358	2693	340	4.8		Citrate Toxicity
2735.	2971	6.12.18	P	32	M	73	175	R	VD	B+ve	15.2	333	SDP	6	MCS+	82	358	2693	330	4.8		
2736.	2972	6.12.18	S	19	M	70	170	R	VD	O+ve	15.2	262	SDP	6	MCS+	93	324	2765	271	3.5		
2737.	2973	6.12.18	H	37	M	70	168	R	RD	B+ve	15.5	293	SDP	6	MCS+	69	334	2540	220	3.2		
2738.	2974	6.12.18	D	49	M	62	166	R	RD	B+ve	16.5	285	SDP	6	TRIMA	54	209	2385	288	4		
2739.	2975	6.12.18	H	32	M	77	170	R	VD	O+ve	14.4	199	SDP	6	TRIMA	50	228	2477	213	3		
2740.	2976	6.12.18	G	40	M	65	177	R	VD	B+ve	16.3	272	SDP	6	TRIMA	59	230	2556	286	4		
2741.	2977	6.12.18	SS	32	M	60	170	R	VD	A+ve	11.3	343	SDP	6	TRIMA	39	143	1618	215	3		
2742.	2978	6.12.18	M	23	M	65	170	R	VD	B+ve	15.5	243	SDP	6	TRIMA	50	193	2089	214	3		
2743.	2979	8.12.18	SS	42	M	60	167	R	VD	B+ve	12.7	230	SDP	6	MCS+	82	370	2890	265	3.4		
2744.	2980	8.12.18	GS	24	M	75	170	R	RD	A+ve	15.5	226	SDP	7.3	MCS+	81	366	2887	263	3.4		
2745.	2981	8.12.18	RG	29	M	82	168	R	RD	A+ve	14.3	338	SDP	6	MCS+	80	352	2790	330	5.1		Citrate Toxicity
2746.	2982	8.12.18	P	30	M	97	170	R	VD	B+ve	15.3	351	SDP	6	MCS+	74	321	2487	240	3.6		
2747.	2983	8.12.18	I	36	M	65	172	R	VD	B+ve	14.4	285	SDP	6	MCS+	68	315	2578	270	3		
2748.	2984	8.12.18	P	28	M	62	182	R	VD	A+ve	15.2	392	SDP	7.6	TRIMA	39	143	1618	215	3		
2749.	2985	8.12.18	R	32	M	80	158	R	VD	AB+ve	15.7	262	SDP	7.3	TRIMA	43	187	2045	215	3		
2750.	2986	9.12.18	MS	49	M	80	165	R	VD	O+ve	15.2	284	SDP	7.4	MCS+	68	315	2578	270	3		
2751.	2987	9.12.18	GS	24	M	76	170	R	RD	A+ve	14.3	195	SDP	6.5	MCS+	87	367	2964	268	3		
2752.	2988	9.12.18	RK	31	M	65	165	R	VD	O+ve	12.9	265	SDP	6	TRIMA	59	230	2556	286	4		
2753.	2989	9.12.18	M	28	M	73	168	R	VD	B+ve	16.1	212	SDP	6	TRIMA	51	221	2369	216	3		
2754.	2990	9.12.18	GS	24	M	78	168	R	RD	O+ve	16.1	229	SDP	6.4	MCS+	81	366	2887	263	3.4		
2755.	2991	9.12.18	AK	26	M	62	167	R	RD	A+ve	15.9	245	SDP	6.4	MCS+	74	370	2830	280	3		
2756.	2992	9.12.18	DS	39	M	79	175	R	VD	A+ve	13.6	209	SDP	6.2	TRIMA	55	234	2499	214	3		
2757.	2993	9.12.18	SS	28	M	77	170	R	VD	O+ve	15.1	248	SDP	6	MCS+	74	370	2830	280	3		
2758.	2994	9.12.18	RM	45	M	84	170	R	VD	AB+ve	15.6	247	SDP	6	MCS+	74	370	2830	280	3		
2759.	2995	9.12.18	VS	23	M	84	170	R	VD	B+ve	14.4	301	SDP	6	MCS+	74	356	2673	240	3.6		
2760.	2996	9.12.18	RN	54	M	72	170	R	VD	O+ve	16.4	249	SDP	6	MCS+	74	370	2830	280	3		
2761.	2997	10.12.18	AG	59	M	78	170	R	VD	O+ve	14.85	237	SDP	7.1	MCS+	82	370	2890	265	3.4		
2762.	2998	10.12.18	S	23	M	77	164	R	VD	B+ve	13.6	302	SDP	6.5	MCS+	74	356	2673	240	3.6		
2763.	2999	10.12.18	SS	26	M	80	180	R	RD	B+ve	15.7	246	SDP	6	MCS+	74	370	2830	280	3		
2764.	3000	10.12.18	NG	28	M	63	170	R	VD	O+ve	16.4	249	SDP	6	MCS+	74	370	2830	280	3		
2765.	3001	10.12.18	P	25	M	60	175	R	RD	B+ve	15.3	376	SDP	6.4	TRIMA	39	143	1618	215	3		
2766.	3002	10.12.18	S	28	M	60	172	FT	VD	B+ve	15.2	283	SDP	6	TRIMA	47	214	2427	285	4		Vasovagal
2767.	3003	10.12.18	P	38	M	62	170	R	RD	B+ve	13.4	200	SDP	6.4	TRIMA	70	246	2632	215	3		
2768.	3004	11.12.18	RS	33	M	72	175	FT	VD	O+ve	14	190	SDP	7.1	MCS+	102	418	3363	315	3		
2769.	3005	11.12.18	G	35	M	60	165	R	RD	B+ve	16.4	262	SDP	6	MCS+	93	324	2765	271	3.5		
2770.	3006	11.12.18	GS	30	M	74	165	R	VD	A+ve	13.5	205	SDP	6	MCS+	90	369	2966	270	3		
2771.	3007	11.12.18	UD	36	M	65	175	R	VD	O+ve	15.7	340	SDP	6.6	MCS+	73	314	2428	230	3.4		
2772.	3008	11.12.18	JS	50	M	80	170	R	RD	O+ve	16.4	342	SDP	6.5	MCS+	126	450	3650	300	6		Citrate Toxicity
2773.	3009	11.12.18	MG	37	M	83	170	FT	RD	B+ve	14.2	246	SDP	6.2	MCS+	74	370	2830	280	3		
2774.	3010	11.12.18	R	34	M	90	177	R	VD	B+ve	15	267	SDP	6	TRIMA	59	230	2556	286	4		
2775.	3011	11.12.18	J	40	M	88	176	FT	VD	AB+ve	12.7	225	SDP	6	TRIMA	60	208	2272	215	3		
2776.	3012	11.12.18	AK	29	M	80	170	R	RD	A+ve	14.6	317	SDP	6.8	MCS+	72	287	2250	215	3.2		
2777.	3013	11.12.18	G	23	M	94	170	R	VD	B+ve	15	311	SDP	6.8	MCS+	82	367	2840	220	4.1		
2778.	3014	11.12.18	L	26	M	71	172	R	RD	O+ve	13.2	350	SDP	6	TRIMA	39	143	1618	215	3		
2779.	3015	12.12.18	AG	40	M	76	167	R	VD	O+ve	16.2	291	SDP	6	MCS+	77	360	2840	270	4		
2780.	3016	12.12.18	SS	25	M	70	165	R	RD	B+ve	15.6	271	SDP	6	MCS+	90	369	2966	270	3		Vasovagal
2781.	3017	12.12.18	D	39	M	85	170	R	VD	B+ve	15.4	261	SDP	6	MCS+	93	324	2765	271	3.5		
2782.	3018	12.12.18	S	45	M	63	180	FT	VD	O+ve	13.8	244	SDP	7.3	TRIMA	50	193	2089	214	3		
2783.	3019	13.12.18	SS	19	M	84	170	FT	VD	AB+ve	16	265	SDP	6	MCS+	53	286	2162	260	3		

Sr. No.	DP. No.	Date	Donor's Name & Address	Age	Sex	Weight (Kg)	Height (Cms)	First Time Donor/ Repeat Donor	Voluntary Donor/ Replacement Donor	Blood Group	Hb (g/dl)	Platelet Count (nX109/L)	Type of Procedure SDP/ Plasma Pheresis	TSP (g/dl)	Equipment TRIMA/ MCS+	Duration in min	Volume of Anticoa gulant Used (ml)	Whole Blood Used (ml)	Volume (ml)	PLT YIELD (X1011/µl)	Discard	Adverse Event
2784.	3020	13.12.18	NG	26	M	72	170	R	RD	O+ve	16.3	305	SDP	6	MCS+	74	356	2673	240	3.6		
2785.	3021	13.12.18	AK	28	M	64	165	R	VD	B-ve	15.1	380	SDP	6	MCS+	75	341	2664	250	5.1		
2786.	3022	13.12.18	GS	36	M	84	165	R	VD	B-ve	16.4	401	SDP	7.6	MCS+	67	280	2445	330	5.6		
2787.	3023	13.12.18	RS	31	M	60	170	R	VD	AB+ve	12.8	351	SDP	6	MCS+	74	321	2487	240	3.6		
2788.	3024	14.12.18	K	19	M	72	165	FT	VD	B+ve	16.1	205	SDP	6	MCS+	90	369	2966	270	3		
2789.	3025	14.12.18	DS	41	M	70	175	R	VD	O+ve	17	316	SDP	6	MCS+	65	310	2440	273	3.5		
2790.	3026	14.12.18	S	33	M	80	170	R	VD	B+ve	15.9	195	SDP	6	MCS+	87	367	2964	268	3		
2791.	3027	14.12.18	HS	33	M	80	170	R	VD	B+ve	16.1	232	SDP	6	MCS+	82	370	2890	265	3.4		
2792.	3028	14.12.18	AS	27	M	71	177	R	VD	B+ve	16.4	239	SDP	7.6	TRIMA	50	184	2046	214	3		
2793.	3029	14.12.18	GS	28	M	80	170	R	VD	O+ve	16	287	SDP	7.3	MCS+	68	315	2578	270	3		
2794.	3030	14.12.18	HS	54	M	68	170	R	VD	B-ve	14.4	237	SDP	7.4	MCS+	82	370	2890	265	3.4		
2795.	3031	14.12.18	P	26	M	68	164	R	VD	O+ve	15	288	SDP	6.5	MCS+	68	315	2578	270	3		
2796.	3032	14.12.18	NS	41	M	78	180	R	VD	A+ve	13	313	SDP	6	MCS+	65	310	2440	273	3.5		
2797.	3033	14.12.18	A	25	M	80	170	R	RD	A+ve	14.5	291	SDP	6	MCS+	77	360	2840	270	4		
2798.	3034	15.12.18	SG	45	M	80	175	R	VD	B-ve	14	276	SDP	6.4	MCS+	82	370	2990	270	3.8		
2799.	3035	15.12.18	A	25	M	72	172	R	RD	B+ve	15.8	227	SDP	6.4	MCS+	81	366	2887	263	3.4		
2800.	3036	15.12.18	SS	27	M	68	170	R	VD	O+ve	15.1	200	SDP	6.2	MCS+	90	369	2966	270	3		
2801.	3037	15.12.18	GS	33	M	65	175	R	VD	O+ve	15.4	233	SDP	6	MCS+	82	370	2890	265	3.4		
2802.	3038	15.12.18	SG	22	M	76	167	R	VD	O+ve	16	337	SDP	6	MCS+	80	352	2790	330	5.1		
2803.	3039	15.12.18	S	30	M	75	168	R	VD	A+ve	13.8	281	SDP	6	MCS+	68	315	2578	270	3		
2804.	3040	16.12.18	A	25	M	100	172	R	RD	B+ve	13.2	264	SDP	6	MCS+	73	330	2678	250	3.4		
2805.	3041	16.12.18	MS	35	M	80	175	R	RD	O+ve	14.9	306	SDP	7.1	MCS+	74	356	2673	240	3.6		
2806.	3042	16.12.18	NK	33	M	60	180	R	VD	B+ve	15.6	219	SDP	6.5	MCS+	73	336	2665	290	2.9		
2807.	3044	16.12.18	KK	36	M	80	170	R	VD	B+ve	12.8	295	SDP	6	MCS+	80	360	2840	260	4.2		
2808.	3045	17.12.18	PS	25	M	88	164	R	RD	B+ve	14.9	200	SDP	6	MCS+	90	369	2966	270	3		
2809.	3046	17.12.18	GS	34	M	76	167	R	VD	B+ve	14.5	253	SDP	6.4	MCS+	80	377	2856	270	4		
2810.	3047	17.12.18	HS	29	M	80	167	R	RD	B+ve	15.6	323	SDP	6	MCS+	80	350	2710	290	4.8	Discarded	
2811.	3048	17.12.18	A	32	M	78	168	R	VD	AB+ve	14	362	SDP	6.4	MCS+	75	358	2693	340	4.8		
2812.	3049	18.12.18	DS	22	M	98	166	R	VD	O+ve	14.1	192	SDP	7.1	TRIMA	50	228	2477	213	3		
2813.	3050	18.12.18	SS	28	M	68	170	R	VD	B+ve	13.9	239	SDP	6	MCS+	82	370	2890	265	3.4		
2814.	3051	18.12.18	GS	33	M	74	177	R	VD	B+ve	15	266	SDP	6	TRIMA	59	230	2556	286	4		
2815.	3052	18.12.18	PK	23	M	72	170	R	VD	O+ve	16.5	252	SDP	6.6	MCS+	80	377	2856	270	4		
2816.	3053	19.12.18	GS	31	M	74	170	R	VD	A+ve	16.8	418	SDP	6.5	TRIMA	39	143	1618	215	3		
2817.	3054	19.12.18	PS	22	M	85	167	FT	RD	B+ve	14.8	238	SDP	6.2	MCS+	82	370	2890	265	3.4		
2818.	3055	19.12.18	AJ	22	M	63	170	FT	RD	A+ve	16.1	260	SDP	6	MCS+	93	324	2765	271	3.5		
2819.	3056	19.12.18	S	21	M	60	168	R	RD	AB+ve	16.7	225	SDP	6	MCS+	73	354	2876	240	3.1		Citrate Toxicity
2820.	3057	19.12.18	KS	35	M	62	170	R	RD	B+ve	14.2	264	SDP	6.8	MCS+	73	330	2678	250	3.4		
2821.	3058	19.12.18	Y	21	M	68	172	FT	RD	O+ve	16.1	322	SDP	6.8	MCS+	78	340	2640	265	4.1		
2822.	3059	20.12.18	PS	26	M	75	182	R	VD	A+ve	15.7	267	SDP	6	MCS+	53	286	2162	260	3		
2823.	3060	20.12.18	P	24	M	84	158	R	VD	O+ve	13.8	193	SDP	6	TRIMA	50	228	2477	213	3		
2824.	3061	21.12.18	CM	25	M	76	165	R	RD	A+ve	11.7	360	SDP	6	MCS+	75	358	2693	340	4.8		
2825.	3062	21.12.18	PS	42	M	80	170	R	VD	O+ve	15.3	201	SDP	6	TRIMA	70	246	2632	215	3		
2826.	3063	22.12.18	A	45	M	75	165	R	RD	AB+ve	14.7	224	SDP	7.3	MCS+	73	354	2876	240	3.1		
2827.	3064	22.12.18	AS	21	M	88	168	R	RD	B+ve	15.9	362	SDP	6	MCS+	75	358	2693	340	4.8		
2828.	3065	22.12.18	L	26	M	88	168	R	VD	O+ve	13.9	226	SDP	6	TRIMA	60	208	2272	215	3		
2829.	3066	23.12.18	LS	20	M	70	167	R	VD	AB+ve	14	278	SDP	6	MCS+	68	315	2578	270	3		
2830.	3067	23.12.18	DS	29	M	95	175	R	VD	AB+ve	15.1	233	SDP	7.6	MCS+	82	370	2890	265	3.4		
2831.	3068	23.12.18	GS	41	M	70	170	R	RD	O+ve	13.9	217	SDP	6	MCS+	70	336	2665	260	3		
2832.	3069	23.12.18	D	29	M	60	170	R	VD	B+ve	15	202	SDP	6	MCS+	90	369	2966	270	3		
2833.	3070	24.12.18	K	22	M	60	170	R	RD	O+ve	14.4	253	SDP	6	MCS+	80	377	2856	270	4		
2834.	3071	24.12.18	M	25	M	60	170	R	RD	O-ve	13.2	313	SDP	6	MCS+	65	310	2440	273	3.5		
2835.	3072	24.12.18	JS	23	M	85	170	R	VD	B+ve	14.1	209	SDP	6	MCS+	90	369	2966	270	3		
2836.	3073	24.12.18	R	28	M	95	164	R	VD	AB+ve	16.6	187	SDP	6	TRIMA	61	283	2870	214	3		
2837.	3074	25.12.18	NK	27	M	64	180	R	VD	B+ve	17.4	307	SDP	6	MCS+	74	356	2673	240	3.6		
2838.	3075	25.12.18	IK	32	M	68	170	R	VD	A+ve	15.8	315	SDP	6	MCS+	65	310	2440	273	3.5		
2839.	3076	26.12.18	RS	51	M	60	175	R	VD	B+ve	15.9	343	SDP	6	MCS+	74	321	2487	240	3.6		
2840.	3077		VS	26	M	90	172	R	VD	B+ve	16.5	256	SDP	6	MCS+	73	329	2710	258	3.5		
2841.	3078	26.12.18	R	34	M	72	170	R	RD	A-ve	14.9	387	SDP	6	MCS+	75	341	2664	250	5.1		
2842.	3079	26.12.18	HS	39	M	72	175	R	RD	A+ve	14.9	263	SDP	6	MCS+	93	324	2765	271	3.5		
2843.	3080	26.12.18	DS	33	M	63	165	R	VD	AB+ve	14.4	260	SDP	6	TRIMA	43	187	2045	215	3		
2844.	3081	27.12.18	PS	24	M	84	165	R	VD	O+ve	16.5	259	SDP	6	MCS+	93	324	2765	271	3.5		
2845.	3082	27.12.18	A	34	M	78	175	R	RD	O+ve	17.1	343	SDP	6	MCS+	74	321	2487	240	3.6		
2846.	3083	27.12.18	A	30	M	68	170	R	VD	B+ve	16	198	SDP	7.3	TRIMA	50	228	2477	213	3		
2847.	3084	27.12.18	R	24	M	79	170	R	VD	A+ve	14.2	238	SDP	6	MCS+	82	370	2890	265	3.4		
2848.	3085	28.12.18	PS	22	M	80	177	R	RD	B+ve	14.7	256	SDP	6	MCS+	73	329	2710	258	3.5		
2849.	3086	28.12.18	GS	26	M	75	176	R	VD	A+ve	15.5	236	SDP	6	MCS+	82	370	2890	265	3.4		
2850.	3087	28.12.18	IS	30	M	68	170	R	VD	AB+ve	14.6	205	SDP	7.6	MCS+	90	369	2966	270	3		
2851.	3088	28.12.18	BS	52	M	100	170	R	VD	B+ve	16.3	196	SDP	7.3	MCS+	87	367	2964	268	3		
2852.	3089	28.12.18	SS	23	M	75	172	R	VD	A+ve	13.1	224	SDP	7.4	MCS+	73	354	2876	240	3.1		
2853.	3090	28.12.18	A	32	M	79	167	R	RD	A+ve	14.9	214	SDP	6.5	TRIMA	51	221	2369	216	3		Vasovagal
2854.	3091	30.12.18	AS	28	M	98	165	R	VD	A+ve	14.5	334	SDP	6	MCS+	82	358	2693	330	4.8		
2855.	3092	30.12.18	R	27	M	60	170	R	VD	B+ve	15.9	340	SDP	6	TRIMA	58	160	1890	286	4		
2856.	3093	30.12.18	RS	38	M	78	180	R	RD	B+ve	15.3	272	SDP	6.4	TRIMA	59	230	2556	286	4		
2857.	3094	31.12.18	JS	34	M	60	170	R	RD	A+ve	14.4	298	SDP	6.4	MCS+	74	356	2673	240	3.6		
2858.	3095	31.12.18	HS	33	M	65	170	R	RD	B+VE	15	429	SDP	6.2	TRIMA	39	143	1618	215	3		
2859.	3096	31.12.18	A	35	M	62	165	R	RD	A+ve	16.2	297	SDP	6	MCS+	74	356	2673	240	3.6	Discarded	

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The Principal,
DMC, Ludhiana.

Subject: **Approval of Plan of Thesis.**

This is to inform you that the Faculty of Medical Sciences in its meeting held on 30.06.2017 has approved the plan of thesis of Dr. Harnoor Singh Bhardwaj, a student of your college for MD Immuno Haematology & Blood Transfusion along with the names of Supervisor/Co-Supervisor as under:-

Topic Plan of Thesis
To study the incidence and frequency of adverse events associated with plateletpheresis & plasmapheresis

Supervisor
Dr. Amarjit Kaur
Prof. & Head,
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Co-Supervisor
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The student may submit the four copies of thesis, to the Controller of Examinations, BFUHS, Faridkot, at least six months before the commencement of theory examination, if he/she is otherwise eligible to take the examination. He /She may be directed to attach a photocopy of this letter with the forwarding letter while submitting thesis in the University along with the letter of approval of University for change of supervisor/Co-Supervisor, change of topic, if any.

S P Singh
Dr. S P Singh MS(Oph)
Controller of Examinations

Note :

1. *If any discrepancy found regarding topic of thesis or Supervisor/Co-Supervisor, inform undersigned within one month after issue of this letter.*
2. *The student may submit the thesis as per the schedule already conveyed i.e for May/June examination 30th Nov of the preceding the year of examination and for Nov/Dec examinations 31st May of the year of examination.*

TO STUDY THE INCIDENCE AND FREQUENCY OF ADVERSE EVENTS ASSOCIATED WITH PLATELETPHERESIS & PLASMAPHERESIS

THESIS PROPOSAL

FOR APPROVAL OF SUBJECT OF THESIS TO BE SUBMITTED

IN PARTIAL FULFILMENT OF THE REQUIREMENTS

FOR THE DEGREE OF

MD IMMUNOHEMATOLOGY AND BLOOD TRANSFUSION OF THE

BABA FARID UNIVERSITY OF HEALTH SCIENCES

FARIDKOT

JANUARY, 2016

DR HARNOOR SINGH BHARDWAJ

DEPARTMENT OF IMMUNOHAEMATOLOGY AND BLOOD TRANSFUSION

DAYANAND MEDICAL COLLEGE AND HOSPITAL, LUDHIANA

ABSTRACT OF PLAN OF THESIS

TITLE	**TO STUDY THE INCIDENCE AND FREQUENCY OF ADVERSE EVENTS ASSOCIATED WITH PLATELETPHERESIS & PLASMAPHERESIS**
FOR THE DEGREE OF	M.D. (Immunohaematology and Blood Transfusion)
NAME OF THE CANDIDATE	DR.HARNOOR SINGH BHARDWAJ
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INSTITUTION	Dayanand Medical College & Hospital, Ludhiana
UNIVERSITY	Baba Farid University Of Health Sciences, Faridkot

Introduction: Apheresis procedures are usually well tolerated. Adverse Events (AEs) associated with them for apheresis donation or therapeutic apheresis can be due to delivery of the anticoagulant; vasovagal; allergy; venous access or machines malfunction.

Aim of Study: To study the incidence & frequency of adverse events in plateletpheresis & plasmapheresis procedures.

Materials & Methods: A prospective, observational study will include plateletpheresis & plasmapheresis after taking informed and written consent. All the donors will be selected according to the guidelines laid down by Director General Health Services. The incidence and frequency of adverse events of plateletpheresis & plasmapheresis procedure will be studied in the Department of Immunohematology & Blood Transfusion, Dayanand Medical College & Hospital, Ludhiana. Data will be analyzed statistically.

Clinical Significance: Apheresis procedures associated with adverse events can be reduced by meticulous donor vigilance, superior training modules for the technical personnel and continued supervision of experienced transfusion medicine specialists. Early recognition and intervention are the keys to minimize discomfort.

Keywords: Plateletpheresis, Plasmapheresis, Donor, Adverse Events

(Signature)	(Signature)	(Signature)	(Signature)	(Signature)
Candidate	Co-supervisor	Co-supervisor	Supervisor	Principal

CERTIFICATE OF FACILITIES AVAILABLE

This is to certify that the facilities for work on the subject of thesis titled **"TO STUDY THE INCIDENCE AND FREQUENCY OF ADVERSE EVENTS ASSOCIATED WITH PLATELETPHERESIS & PLASMAPHERESIS"** exist in the Department of Immunohematology And Blood Transfusion, Dayanand Medical College & Hospital, Ludhiana and will be provided to the candidate. We will see that the data being included in the thesis are genuine and is collected by the candidate himself/herself under our supervision and guidance.

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APPROVAL PROFORMA BY RESEARCH & ETHICAL COMMITTEE

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4	**DATE OF ADMISSION OF COURSE**	24TH MAY 2016
5	**TITLE OF THE TOPIC**	TO STUDY THE INCIDENCE AND FREQUENCY OF ADVERSE EVENTS ASSOCIATED WITH PLATELETPHERESIS & PLASMAPHERESIS

6. BRIEF RESUME OF THE INTENDED WORK

6.1 NEED FOR THE STUDY

Apheresis (or hemapheresis) is a Greek word that means to separate or remove. In apheresis blood is withdrawn from a donor or patient in anticoagulant solution and separated into components. One (or more) component is retained and the remaining constituents are returned to the individuals. Any one of the component can be removed and the procedures are specified for the component selected. The process of removing plasma from red cells is termed as plasmapheresis. Removal of other components, including platelets (plateletpheresis), red cells (erythrocytopheresis), leucocytes (leukapheresis) etc.[1]

Apheresis procedures are usually well tolerated. Adverse Events (AEs) associated with the use of cell separators' for apheresis donation or therapeutic apheresis can be due to delivery of the anticoagulant, vasovagal, allergy, venous access or machines malfunction. These can be of variable severity. They may occur during or after the procedure. The overall rate of adverse events with apheresis donation is approximately 10 times less than that seen with whole blood donation, with mild events outnumbering the more severe ones, although the frequency of events requiring hospitalization may be higher in apheresis than with whole blood donation.[2] Hospitalization is still extremely rare; it occurred in 0.01% of donations in one study.[3]

AEs that occur in apheresis procedures can be divided according to site, severity, etiology and therapeutic/ non-therapeutic (donor) procedure.

According to site they are divided into local reactions and systemic reactions.[2,4]

Local reactions are usually haematomas due to extravasation from the veins,

caused by incorrect placement of the needle during the venipuncture. Pain, hyperaemia and swelling may develop at the site of the extravasation. Local phlebitis and thrombophlebitis are very rare.[2,5]

Systemic reactions are mainly associated with vasovagal reactions that can be triggered by the pain of the venipuncture, or by the anxiety and state of tension of undergoing the donation, etc. These are characterized by the pallor, sweating, dizziness, nausea, hypotension, bradycardia, and syncope. Citrate toxicity occurs because of the use of acid-citrate-dextrose (ACD) in apheresis.[5-7]

AEs according to severity are mild, moderate and severe. AEs according to etiology in a donor are hypotensive reactions, citrate reactions, hematomas & infiltrations, loss of consciousness & seizures, allergy and due to machine malfunction

Hypotensive Reactions. Hypotension during apheresis donation can result from a number of causes, including intravascular volume depletion, vasovagal reactions, citrate toxicity, severe allergic reactions, and air embolism. Of these, the most common are vasovagal reactions and citrate toxicity. Hypovolemia is uncommon as a result of limitations on extracorporeal volume (10.5 mL/kg).[8] Air embolism is extremely rare because of air detectors on all current apheresis instruments.[2] Severe allergic reactions are also very rare.

Symptoms and signs of a vasovagal reaction include lightheadedness, hot flushes, pallor, diaphoresis, nausea, vomiting, decreased heart rate, and decreased blood pressure. These symptoms arise from excessive parasympathetic activation in the donor, which is believed to be a compensatory

response to sympathetic activation induced by mild hypovolemia.[2] Because sympathetic activation has a psychological component, preventive steps include helping the donor feel comfortable and confident throughout the procedure. This is especially important for first-time apheresis donors, as they are more likely to be anxious about the procedure.[9]

Treatment of vasovagal reactions includes pausing the procedure, lowering the head and raising the feet of the donor (Trendelenburg position), applying cold compresses to the forehead and neck, and reassuring the donor. If moderate or severe symptoms are present, the apheresis procedure should be discontinued. Of note, these interventions are identical to those for hypotension caused by hypovolemia, where, in addition, infusion of intravenous fluids and return of the blood within the extracorporeal circuit would be considered.[2]

Citrate reactions. Citrate reactions are the most common adverse effects seen with apheresis procedures. They result from ionized hypocalcaemia caused by the infusion of citrate anticoagulant during the procedure. The lowered ionized calcium levels allow spontaneous depolarization of neurons. The resulting symptoms may include numbness and/or tingling in the lips and nose and sneezing. Moderate symptoms can include nausea and/or vomiting; progression of paresthesias to the hands, feet, and/or chest; intense vibrating sensation throughout body; chills; abdominal cramping; and lightheadedness or hypotension. Severe symptoms include painful muscle cramps, tetany, blurred or double vision, loss of consciousness, cardiac arrhythmia, and seizure.[2,10]

These symptoms are usually progressive in adult donors, so moderate and severe symptoms can usually be avoided through close monitoring and treatment of earlier symptoms.[2,10] Interventions for mild symptoms include reducing the return rate of the instrument or pausing the procedure to allow the donor to metabolize some citrate and release bound calcium. Additional treatments include administration of oral calcium carbonate or, in severe cases, an intravenous calcium solution.[2,10] Preventive measures in donors who have experienced citrate reactions can include encouragement to increase dietary intake of calcium-rich foods.[10]

Hematoma and Infiltrations. Complications of venous access can occur at any time during an apheresis donation. Hematoma formation, infiltration, and thrombosis are among possible acute complications. Occasionally nerve damage, infection, occlusion: mechanical or thrombotic, mechanical displacement, bleeding, air embolism, pneumo or hemothorx. Symptoms include pain and/or pressure and bruising and/or swelling at the needle site. If venous access fails during the procedure, the procedure may not be completed and the resulting physical discomfort may influence the donor's decision about donating in the future.[9]

Treatment includes discontinuing the collection, removing the needles, and applying pressure to the site. It may not be possible to return blood in the apheresis instrument as this could cause the hematoma to enlarge. Cold compresses may be used and may provide relief to the donor. Because a major risk factor for these reactions is inexperienced phlebotomy staff, prevention

strategies include maintaining apheresis personnel competency. Preventive strategies for donors include encouraging donors to be well hydrated before the donation and instructing them to keep the needle sites secure and stable during the donation.[9]

Loss of Consciousness and Seizures.

Loss of consciousness is uncommon and usually occurs as a result of a vasovagal reaction or severe citrate toxicity. It may be accompanied by tonic-clonic jerking; however, this does not represent true seizure activity. A true seizure is rare during blood donation but can occur as a component of severe citrate toxicity or from an underlying donor seizure disorder. Should a donor become unconscious or experience a seizure, the procedure should be discontinued immediately.[9]

Allergic AEs

Occurs due to reaction to ethylene oxide used to sterilize the disposable set. It occurs predominantly in donors who have donated several times. During the procedure ethylene oxide present within the plastic binds to protein within the plasma with these serving as carrier molecules. Iodine used in cleaning of skin can cause allergic reaction. There is intense itching, wide spread urticaria, hives or welts, rhinitis, wheezing, tongue or facial edema, shortness of breath, hypotension, diarrhea, laryngeal edema, cardiopulmonary arrest. This is treated by giving antihistaminic, hydrocortisone/ epinephrine.[9]

AEs due to Machine malfunctioning

These are secondary to improper disposable sets/ improper mounting of the set. These are heamolysis, thrombus formation, air embolism, leakage, infection etc.[10]

6.2 REVIEW OF LITERATURE

A decreasing blood donor pool in the presence of increasing blood transfusion demands has resulted in the need to maximally utilize each blood donor. This has led to a trend in the increasing use of automated apheresis blood collections. These collection methods share many of the same reactions and injuries seen with whole blood donation but also have unique complications due to the collection method and the frequency at which donation occurs.[11]

The adverse events occurring during or after the donation were classified as vasovagal reactions, citrate toxicity or other severe events (cardiopulmonary). Vasovagal reactions were divided into mild (pallor, weakness, dizziness, sweating, nausea and/or vomiting, hypotension, light-headedness, hyperventilation, irregular breathing and bradycardia), moderate (the above symptoms accompanied by transient unconsciousness) or severe (long-lasting loss of consciousness, convulsions, tetany and incontinence) reactions, while citrate toxicity was divided into mild/moderate (paraesthesias, flushing sensation, nausea and/or vomiting) or severe (tetany or seizure and cardiac arrhythmia).[12]

The most common apheresis-specific reaction is hypocalcaemia due to citrate anticoagulation, which, while usually mild, has the potential for severely injuring the donor. Other reactions to apheresis donation are uncommon (e.g., hypotension) or rare (e.g., air embolism).[11] Citrate is used as the primary anticoagulant in donor apheresis procedures. The anticoagulant effect of citrate results from its ability to chelate calcium ions resulting in the calcium ions being unavailable to participate in biological reactions such as the coagulation cascade. Within the apheresis instrument, plasma citrate concentrations reach 15 to 24

mmol/L, lowering the calcium ion concentration below 0.2 to 0.3 mmol/L, the level necessary for clotting to occur.[6,7,13] This level of anticoagulation requires the infusion of approximately 500 ml of ACD-A solution and it would be expected that the infusion of this volume of solution into a donor would result in a calcium ion concentration of 0.2 mmol/l; a level incompatible with life. This does not occur, however, for a number of reasons. First, when blood returns from the apheresis instrument to the donor, the citrate present in the blood is diluted throughout total extracellular fluid, not just the intravascular space. In addition, the liver, kidneys, and muscles rapidly metabolize citrate, releasing the bound calcium.[14] Despite compensatory mechanisms, citrate infusion can result in the decrease in ionized calcium levels to a point where symptoms develop in the donor. The result of such a decrease in ionized calcium is that the excitability of nerve membranes increases to the point where spontaneous depolarization can occur.[14] This produces the signs and symptoms of citrate toxicity including perioral paresthesias, shivering, light-headedness, twitching, and tremors. In addition, some patients also experience nausea and vomiting. As the ionized calcium levels fall further, these symptoms may progress to carpopedal spasm, tetany, and seizure.[14,15] It is, therefore, important to elicit the presence of the early symptoms from the donor so that interventions can occur prior to the more severe symptoms. In study by Philips J et al [11], calcium supplementation was given to donors when they complained about paraesthesia/ tingling or numbness sensations. All these citrate reactions in donors were mild. There was no severe form of reaction noted in the study. Hypotension may also be seen with citrate

reactions and may be due to the depressed myocardial function as well as to vascular smooth muscle relaxation.[15] Predominant clinical manifestations presented in the literature are a tingling feeling, numbness, muscle cramps, tetany or convulsions from reactions to citrate.[16] Donors who undergo the procedure repeatedly or for prolonged periods are susceptible to an accumulation of citrate as levels exceed the amount that can be metabolized by the body.[17]

The treatment of citrate reactions includes slowing the re-infusion rate to allow for dilution and metabolism of the citrate, increasing donor blood to citrate ratio to decrease the amount of citrate infused, giving oral calcium supplement, and if required giving intravenous calcium.[5-7,13] Bolan et al [14] found that the administration of 2 g of calcium carbonate was associated with a statistically significant reduction in the severity of paresthesia.[14,15] In study by Philips J et al[11], calcium supplementation as 1 gm calcium carbonate orally was given. While improving paresthesias, in multivariate analysis, the oral administration of calcium was not associated with a reduction in overall symptom development and did not affect the occurrence of more severe symptoms.[2,3,14]

In vasovagal reaction, hypovolemia results in a decrease in blood pressure. The compensatory response for this volume depletion is to increase sympathetic nervous system output with physiologic compensation. During a vasovagal reaction, however, parasympathetic output that normally counteracts sympathetic output increases, resulting in a slowing of heart rate and decreased vascular tone which results in hypotension. Tomita et al [18] examined the incidence of

vasovagal reactions among apheresis donors and whole blood donors at the same collection centre. They found the incidence of vasovagal reactions among female apheresis donors and female whole blood donors was 1.25% and 4.17% respectively. The rate among male donors was 0.83% and 0.99% respectively. The incidence of vasovagal reactions increased with age among apheresis donors, unlike what has been reported with whole blood donors.[18] Vasovagal reactions manifest as paleness, weakness, nausea, dizziness, vomiting, hypotension, tachycardia, bradycardia, or fainting. Most of these symptoms generally occur as moderate to severe adverse events. Nevertheless, in this study, mild adverse events were the most common.[19] Vasovagal reactions, mostly of mild intensity, were the most commonly observed adverse reactions, with a frequency of 0.20% (487/240,596). The frequency of vasovagal reactions according to the different types of donation was 0.19% (346/183,855) for homologous whole blood donations, 0.24% (16/6,669) for autologous whole blood donations, 0.16% (63/38,647) for plasmapheresis, 0.68% (18/2,641) for plateletpheresis and 0.49% (43/8,784) for multicomponent donations. Citrate toxicity was reported in association with 0.38% (189/50,072) of apheresis donations. Overall, vasovagal reactions and citrate toxicity were mostly of mild intensity. Severe adverse reactions were very rare, as they occurred in relation to 0.004% of the donations (10/240,596) and none necessitated hospitalisation of the donor.[12]

The significant presence of bruising as an adverse event is considered a non-random event [20] because factors such as the experience of the professional

performing the puncture, the number of prior apheresis donations, the anatomy at the venipuncture, the equipment used and the diastolic blood pressure are significantly correlated to the development of bruising. Unlike citrate reactions, which are more likely to occur in individuals who donated many times, the probability of bruising reduces with the number of donations.[4,17]

In the United States, a source plasma donor could theoretically donate 104 times per year.[21] One study of 12 donors showed that a majority expressed P-selectin within 48 hours after apheresis.[22] Similar expressions were seen for glycoproteins, suggesting that the procedure caused platelet activation. Another study also suggested that regular plasmapheresis leads to platelet activation.[23] A comprehensive study of source plasma donors [24] showed that regular plasmapheresis (up to twice weekly) results in decreased serum protein, globulin, and IgG, with an increase in B cells and a decrease in suppressor and natural killer cells. It has been argued that this is a physiologic effect that has no associated clinical dysfunction.[21]

Miscellaneous apheresis reactions include allergic reactions linked to ethylene oxide used in sterilization of the apheresis kit. Potential mechanical problems include hemolysis, clotting and air embolism.

While apheresis donation shares many reactions and injuries with whole blood donation, because of the differences, unique complications also exist. Overall, evidence in the literature suggests that the frequency of reactions to apheresis donation is less than that seen in whole blood donation.[2-4] Study conducted by Barbosa et al[16] showed that 14 donors (4.4%) had some type of adverse event.

This low incidence is consistent with the literature, which indicates that the plateletpheresis procedure is well-tolerated by donors.[19] Nevertheless, of apheresis donations, there are reports that adverse events are more frequent in plateletpheresis compared to other types such as plasmapheresis and leukapheresis.[4]

In study conducted by Crocco et al [12], 0.3 percent of all donations (homologous and autologous blood, plasma and platelet apheresis, multicomponent donations) were complicated by an adverse event. This incidence is lower than that reported in a study conducted in the United States.[25]

Overall, apheresis donations performed on cell separators are safe, and have acute reaction rates less than those seen with whole blood donation, though the frequency of reactions requiring hospitalization appears to be greater. The acute effects of donation are relatively mild and easily treated. Recent evidence suggests, however, that repeated apheresis donation may produce adverse long-term effects in donors such as bone demineralization and cataract formation.[2] Additional research is needed to ascertain the risks of long-term apheresis donation.

Apheresis procedures are associated with adverse events which can be reduced by meticulous donor vigilance, superior training modules for the technical personnel and continued supervision of experienced transfusion medicine specialists.[26] Early recognition and intervention are the keys to minimize discomfort and/or consequences from adverse events and to allow completion of the donation. It can be challenging to recognize and distinguish between different

adverse effects because they can share common symptoms. These may include inappropriate laughter, excessive talking, restlessness, irregular breathing, abdominal discomfort, flushing, pallor, cold and clammy hands, hyperventilation, and tachycardia.[27]

6.3 AIMS AND OBJECTIVES

To study the incidence of adverse events in plateletpheresis & plasmapheresis procedures.

To study the frequency of various adverse events in plateletpheresis & plasmapheresis procedures.

7.0 MATERIALS AND METHODS

7.1 SOURCE OF DATA

A prospective, observational, open label study will include the plateletpheresis & plasmapheresis, will be enrolled in this study after taking informed and written consent during the study period. Adverse reactions occurring during or after the apheresis procedure will be noted by nursing/technical staff under the supervision of a transfusion medicine specialist, to eliminate observer bias.

AEs occurring during or after apheresis procedures in donors were categorized according to etiology of AE[9] (e.g. vasovagal, citrate toxicity, hypotension etc), according to severity of AE[10] (e.g. mild, moderate, or severe), according to site of AE (local and systemic) and according to type of AE(donor related & non-donor related).[28]

AEs according to etiology are shown in Table 1.

Table 1

Types of AEs in Apheresis Donors depending upon etiology[9]

	Type of AEs	Causes
1	Hypotensive	Vasovagal, Citrate toxicity, Intravascular volume depletion, severe allergic reactions, Air embolism
2	Citrate related AEs	Hypocalcaemia, hypomagnesaemia, alkalosis
3	Hematoma & infiltrations/ Vascular access	Vascular Injury due to peripheral vascular access
4	Loss of consciousness & Seizures	Vasovagal & severe citrate toxicity
5	Allergy	Because of ethylene oxide, iodine etc
6	Machine malfunction (heamolysis, clotting, air embolism and infection)	Tube kinking, pumping through narrow orifice, inadequate anticoagulation, leakage etc.
7	Miscellaneous	AEs related to hydroxyl ethyl starch (HES), G-CSF

Type of AEs according to severity are shown in Table 2.

Table 2

Types of AEs in Apheresis Donors According to Severity [10]

Type of AE according to severity	Vasovagal AE	Citrate Toxicity
Mild	Nervousness, anxiety, pallor, perspiration, dizziness, hyperventilation, Nausea/vomiting	Numbness and/or tingling in the lips and nose and sneezing
Moderate	Transient loss of consciousness, Bradycardia, Hypotension, Any mild symptom lasting >10 min	Nausea / vomiting, progression of paraesthesia to hands, feet, &/or chest; intense vibrating sensation throughout body; chills; abdominal cramps & light headedness or hypotension
Severe	Urinary/ faecal incontinence, Focal/ generalised convulsions, Hyperventilation tetany, Any moderate symptom lasting >5 min	Painful muscle cramps, tetany, blurred or double vision, loss of consciousness, cardiac arrhythmia and seizures

Type of AEs in apheresis donors according to site of AE are shown in table 3

Table 3

Type Of AEs In Apheresis Donors According To Site

Type of AE according to site	Subtypes
Local AEs	VI, Nerve Injury, Local phlebitis, Thrombophlebitis etc
Systemic AEs	VVR, CR, Allergic reaction etc

AEs according to type of AE are given in Table 4

Table 4

Type of AEs according to Type of AE[28]

Type of AE	Subtype
Donor related	VVR, CR, Allergic etc
Non-Donor related	Equipment related, Kit related, Technique related

METHOD OF COLLECTION OF DATA

All apheresis procedures done during the study period 2016-2017 will be included in the study. Baxter CS 3000 (Fenwal) is continuous type of cell separator, while MCS+ (Haemonetics) is intermittent type of cell separator. Plateletpheresis will be performed on both the cell separators and all donations were collected using a 16-gauge inserted into a vein in the antecubital fossa using aseptic precautions.

Study Group

All the donors will be selected according to the guidelines lay down by Director General Health Services[1] The selection of donors will be done randomly after complete clinical and hematological investigations as per Performa.

a) **Inclusion Criteria**

General Criteria for Selecting Apheresis-Donor[1]

Donor undergoing an occasional apheresis procedure must meet the same criteria as a whole blood donation. As per DGHS guidelines, specific criteria for eligibility of apheresis will be as follows:

1. Donor undergoing an occasional apheresis procedure (performed not frequently than once every 4 week) must meet the same criteria as a whole blood donation.
2. Donor should be preferably repeat donor-might have given blood 1-2 times earlier.
3. Written consent of the donor will be taken after explaining the procedure in detail, time taken, and about possible hazards and benefits.
4. Adequate venous asses.

5. Donor will be screened prior to apheresis for markers of infectious diseases transmitted by the transfusion of blood and its components in the same manner as for the whole blood. Each donor will be tested prior to each apheresis unless the donor is undergoing repeated procedures, in such cases testing for the markers of diseases need be repeated at 30 days interval.
6. Tests for hemoglobin, ABO group, Rh type, and screening for unexpected antibody will be done.
7. More stringent regulations govern the donor who participate in serial apheresis programme (procedure performed more frequently than every 4 weeks).
    i. Interval between two procedures should be at least 48 hours and the loss of red cells should not exceed 25ml per week.
    ii. If donor's red cells could not be reinfused during a procedure, or if the participant donates a unit of whole blood, 12 weeks should elapse before subsequent apheresis procedures.
    iii. Careful monitoring of weight, blood cells count, serum protein levels and quantitation of immunoglobulins is required.
        - Age should be between 18-50 years.
        - Weight should be 60 Kg or more.
        - Hemoglobin – 12.5 g/dl or more

Specific Criteria for the selection of plateletpheresis donor [1]

1. The interval between procedures should be at least 48 hours. A donor shall not undergo the procedure more than 2 times in a week or 24 times in a year.
2. A platelet count is not required prior the first procedure or if the interval between plateletpheresis procedures is at least 4 weeks.
3. If plateletpheresis is performed more frequently than every 4 weeks, a platelet count should be done and must be more than 150,000/µl prior to performing subsequent plateletpheresis.
4. It extra plasma is collected and if the procedure is performed more than once every 4 week, the procedure should not be done if the total serum protein is less than 6.0 g/dl or if there has been an unexplained weight loss.

Donors who have taken antiplatelet medications that irreversibly inhibit platelet function are deferred for specific intervals before donation (48 hours for aspirin/ aspirin-containing medications and piroxicam, 14 days for clopidogrel and ticlopidine) because apheresis platelets are often the sole source of platelets given to a patient.

Specific Criteria for selection of Plasmapheresis donors [1]

1. The criteria for the acceptability of plasmapheresis donors are slightly stricter than that of routine blood donors.
2. Donors are informed about the procedure in details, about possible hazards, and written consent will be taken.

3. Age 18-50 years
4. Weight should be 60 Kg or more.
5. Preferably donor should have given whole blood 1-2 times earlier.
6. Total blood count and serum proteins should be within normal limited, and tested periodically.

b) **Exclusion criteria**

General Criteria for exclusion of apheresis

- Inadequate venous asses
- Donor reactive for Transfusion Transmitted Infection
- Presence of unexpected antibodies in donors
- Age : <18 & >60yrs
- Weight : <60Kg
- Hemoglobin : <12.5 g/dl

Specific Criteria for the exclusion of plateletpheresis donor[1]

- Platelet Count : <1,50,000/µl
- Intake of aspirin/aspirin-containing medications and piroxicam within 48hrs. and clopidogrel & ticlopidine within 14 days.
- For repeat plateletpheresis donor:
  - If already donated with in 48hrs., 2 times in a week & 24 times in a year
  - Plasma protein : <6.0 g/dl

Specific Criteria for selection of Plasmapheresis donors[1]

- Total Blood Count & serum protein not within normal range

Duration of Study

All the apheresis procedures done during the study period 2016- 2017 in the Department of Immunohematology & Blood Transfusion, Dayanand Medical College & Hospital, Ludhiana will be included in the study.

OUTCOME

Will tell the exact incidence and frequency of various of adverse events in plateletpheresis & plasmapheresis procedures done in this institute.

STATISTICAL ANALYSIS

Data will be compiled in a Microsoft Excel spread sheet .Obtained data will be presented as a mean ± standard deviation, numbers and percentage according to requirement. Results will analyzed using Chi-square test (χ test). Statistical analysis will be conducted using the SPSS (version 17) for Windows statistical package. $P < 0.05$ was considered statistically significant.

7.3 Does the study require any investigations or interventions to be conducted on patients or other humans or animals? If so, please describe briefly.

Not Applicable

7.4 Has ethical clearance been obtained from your institution in case of 7.3?

Ethical clearance attached.

8. LIST OF REFERENCES

1. Saran RK. Apheresis. In: Transfusion Medicine Technical Manual. New Delhi. Directorate General of Health Services, Ministry of Health & family Welfare, Government of India; 2003. p. 229-43.
2. Winters JL. Complications of donor apheresis. J Clin Apher. 2006;21:132–41.
3. Despotis GJ, Goodnough L, Dynis M. Adverse events in platelet apheresis donors: A multivariate analysis in a hospital-based program. Vox Sang. 1999;77:24-32.
4. Mcleod BC, Price TH, Owen H, Ciavarella D, Sniecinski I, Randels MJ, et al. Frequency of immediate adverse effects associated with apheresis donation. Transfusion. 1998;38:938–43.
5. Brecher ME, Leger RM. AABB technical manual. 15th ed. Bethesda: American Association of Blood Banks; 2005.
6. Simon TL, Dzik WH. Rossi's principles of transfusion medicine. 4th ed. Philadelphia: Lippincott Williams & Wilkins; 2009.
7. Crookes RL, Hillyer CD. Blood banking & transfusion medicine. 2nd ed. Philadelphia: Churchill Livingstone; 2009.
8. Price TH. Standards for blood banks and transfusion services. 26th ed. Bethesda MD: AABB, 2009.
9. Anderson C. Selection and care of apheresis donors. In: Mcleod BC, Szczepiorkowski, Weinstein R, Winters JL, eds. Apheresis: Principles and Practice 3rd ed. Bethesda, Maryland: AABB press. 2010. p. 111-22.
10. Crookston KP, Novak DJ. Physiology of apheresis. In: Mcleod BC,

Szczepiorkowski, Weinstein R, Winters JL, eds. Apheresis: Principles and Practice. 3rd ed. Bethesda, Maryland: AABB press; 2010. p. 45-65.

11. Philip J, Sarkar RS, Pathak A. Adverse events associated with apheresis procedures: Incidence and relative frequency. Asian J Transfus Sc. 2013;7(1):37-41.

12. Crocco I, Franchini M, Garozzo G, Gandini AR, Gandini G, Bonomo P, Aprili G. Blood Transf. 2009;7(1):35-38.

13. Klein HG, Anstee DJ. Mollison's blood transfusion in clinical medicine. 11th ed. Bristol (UK): Blackwell Publishing Ltd; 2005.

14. Bolan CD, Greer SE, Cecco SA, Oblitas JM, Rehak NN, Leitman SF. Comprehensive analysis of citrate effects during plateletpheresis in normal donors. Transfusion. 2001;41:1165–71.

15. Bell AM, Nolen JF, Knudson CM. Severe citrate toxicity complicating volunteer apheresis platelet donation. J Clin Apher. 2007;22:15–6.

16. Barbosa MH, Nunes da Silva KF, Coelho DQ, Tavares JL, Falcao da Cruz LF, Kanda MH. Rev Bras Hematol Hemoter. 2014;36(3):191-5.

17. Mercan D, Bastin G, Lambermont M, Duponz E. Importance of ionized magnesium measurement for monitoring of citrate-anticoagulated plateletpheresis. Transfusion (Paris). 1997;37:418-22.

18. Tomita T, Takayanagi M, Kiwada K, Mieda A, Takahashi C, Hata T. Vasovagal reactions in apheresis donors. Transfusion. 2002;42:1561–6.

19. Yuan S, Ziman A, Smeltzer B, Lu Q, Goldfinger D. Moderate and severe adverse events associated with apheresis donations: incidences and risk

factors. Transfusion (Paris). 2010;50:478-86.

20. Bueno JL, Castro E, García F, Barea L, González R. Hematomas in multicomponent apheresis: searching for related factors. Transfusion (Paris). 2006;46:2184-91.

21. Crookston KP, Schreiber GB, Simon TL. Recruitment and screening of donors and the collection, processing, and testing of blood. In: Simon TL, Snyder EL, Solheim BG, et al, eds. Rossi's principles of transfusion medicine. 4th ed. Bethesda, MD: AABB Press; 2009. p. 975- 92.

22. Wun T, Paglieroni T, Holland P. Prolonged circulation of activated platelets following plasmapheresis. J Clin Apher. 1994;9:10-6.

23. Wun T, Paglieroni T, Sazama K, Holland P. Detection of plasmapheresis-induced platelet activation using monoclonal antibodies. Transfusion. 1992;32:534-40.

24. Lewis SL, Kutvirt SG, Bonner PN, Simon TL. Plasma proteins and lymphocyte phenotypes in long-term plasma donors. Transfusion.1994;34:578-85.

25. Wiltbank TB, Giordano GF, Kamel H. B Faint and prefaint reactions in whole-blood donors: an analysis of predonation measurements and their predictive value. Transfusion. 2008.48(9):1799-808.

26. Dogra K, Fulzele P, Rout D, Chaurasia R, Coshic P, Chaterjee K. Adverse events during apheresis procedures: audit at a tertiary care hospital. Ind J Hematol & Blood Transfus. 2016; doi:10.1007/s12288-016-0681-z

27. Golden PJ. Complications of apheresis. In: Andrzejewski C, Golden P, Kong B, et al, eds. Principles of apheresis technology. 3rd ed. Vancouver, BC,

Canada: American Society for Apheresis; 2002. p. 85-99.

28. Smith JW. Blood component collection by apheresis. In: Fung MK, Grossman BJ, Hillyer CD, Westhoff CM, eds. AABB Technical Manual. 18th ed. Bethesda, Maryland. USA; 2014. p. 167-78.

PROFORMA

S.No.	
Name	
Age, Sex	
ID No.	
Address	
Contact No.	
Type of Procedure	Plateletpheresis / Plasmapheresis
Indication of procedure	
Limited Physical Examination	
BP/ Pulse	
Temperature	
Height/ Weight	
CVS Examination	
CNS Examination	
Pre procedural Lab parameters	
Hb, Haematocrit	
Platelet count	
MCV / MCH / MCHC	
WBC count	
Total Serum Protein	
HIV 1 & 2 HCV, HBV, Syphilis, Malaria	
Kit used	
Date & time of procedure commencement	
Blood flow rate	
Ratio of anticoagulant : Blood	
Total volume of blood processed	
Total volume of anticoagulant used	
Total volume of replacement fluid used	
RBC/ Plasma loss	
Any medicine used during the procedure	
Date & time of procedure completion	

Naveed

Signature of Candidate

Anagha

Signature of Supervisor

Adverse Events (Any complaint)	
Nervousness	
Anxiety	
Pallor	
Perspiration	
Dizziness	
Hyperventilation	
Nausea/vomiting	
Vasovagal	
Transient loss of consciousness	
Bradycardia	
light headedness or hypotension	
Urinary/ faecal incontinence	
Focal/ generalised convulsions	
Hyperventilation	
Tetany	
Citrate Toxicity	
Numbness and/or tingling in the lips and nose	
Sneezing	
Progression of paresthesias to hands, feet, &/or chest;	
Intense vibrating sensation throughout body; chills;	
Abdominal cramps	
Painful muscle cramps,	
Blurred or double vision,	
Cardiac arrhythmia	
Allergic Reactions	
Urticaria,	
Cutaneous flushing	
Dyspnea,	
Wheezing,	
Stridor,	
Anaphylaxis	
Any other	

Signature of Candidate

Signature of Supervisor

PATIENT INFORMATION SHEET CLINICAL RESEARCH

TO STUDY THE INCIDENCE AND FREQUENCY OF ADVERSE EVENTS ASSOCIATED WITH PLATELETPHERESIS & PLASMAPHERESIS

This consent form contains words that you may not understand. Please ask the study investigator(s) or the study coordinator(s) to explain any words or information that you do not clearly understand.

The procedure which is undertaken for study here is known as Apheresis. This procedure could be done on donor/ patient (subject). This study includes the all apheresis procedures including Plateletpheresis, plasmapheresis, MSCpheresis & therapeutic apheresis including leukapheresis, TPE, red cell exchange.

You are being asked to take part in a research study. Before you decide whether or not to take part in the study you should read this information. This form explains the study, including the risks and benefits of taking part in the study. You will be given this information sheet to keep. Please feel free to ask the study investigator(s) or research staff any questions that will help you understand the study and what you are expected to do.

The purpose is to study the incidence and relative frequency of Adverse events in Apheresis.

The study includes all cases of apheresis done in Department of Immunohaemotology & Blood Transfusion, Dayanand Medical College & Hospital, Ludhiana. The donor/patients (subjects) will be examined clinically after

taking detailed history and will be investigated by doing blood tests. After analysis of blood investigations, based on clinical condition and test reports, Apheresis of the donor/patient will be done. Any complaint (Adverse events) by donor / patients will be recorded.

Your participation in this study is voluntary and you will be given adequate time to decide whether you wish to participate in this study. You may decline to participate or are free to withdraw from the trial at any time without reason, without penalty or loss of benefits to which you are otherwise entitled. Your decision to decline to participate or withdraw will not affect the standard of care you receive or your relationship with your investigator(s). If you do not wish to participate or if you withdraw from the trial, neither your current nor future medical care will be affected.

Your progress in the study will be carefully monitored to ensure your safety and wellbeing. The investigator(s) will be available to respond to you if you feel worse.

You will receive no compensation for the expenses that are directly or indirectly related to your participation in the study.

All medical records and research materials in which you are identified will be kept confidential and will not be made publicly available, unless required by applicable laws and/or regulations and will only be used for the purpose of the research study. The results of the study may be published in a professional journal or presented at scientific meetings or to government regulatory authorities; however, your identity will not be disclosed in those presentations. This study has

been approved by research and ethics committee at Dayanand Medical College & Hospital, Ludhiana.

If you agree to participate in this study, you will be required to sign the Consent Form.

If you have any questions during the study, or if you experience any side effects, please contact **Dr. Harnoor Singh Bhardwaj 9872662010.**

Thank you for taking the time to consider this study.

If you wish to take part in it, please sign the attached consent form.

This information sheet is for you to keep.

ਮਰੀਜ਼ ਸੂਚਨਾ ਸ਼ੀਟ ਕਲਿਨਿਕਲ ਖੋਜ

ਏਫਰੇਸਿਜ਼ ਵਿੱਚ ਉਲਟ ਪ੍ਰਤੀਕਿਰਿਆ ਦੇ ਵਾਕਿਆ ਅਤੇ ਸਬੰਧਤ ਵਾਰਵਾਰਤਾ ਦਾ ਅਧਿਐਨ (ਟ੍ਰ ਸਟੱਡੀ ਦ ਇਨਸੀਡੈਂਟ ਐਂਡ ਫ੍ਰਿਕੁਐਂਸੀ ਆਫ ਐਡਵਰਸ ਇਵੈਂਟਸ ਇਨ ਪਲੇਟਲੈਟਫਰੇਸਿਜ਼ ਐਂਡ ਪਲਾਜ਼ਮਾਫਰੇਸਿਜ਼)

ਇਸ ਅਧਿਐਨ ਫਾਰਮ ਵਿੱਚ ਉਹ ਸ਼ਬਦ ਸ਼ਾਮਲ ਹੋ ਸਕਦੇ ਹਨ ਜੋ ਹੋ ਸਕਦਾ ਹੈ ਤੁਸੀਂ ਨਾ ਸਮਝਦੇ ਹੋਵੋ। ਤੁਸੀਂ ਜਿਹਨਾਂ ਨੂੰ ਚੰਗੀ ਤਰ੍ਹਾਂ ਨਾਲ ਨਹੀਂ ਸਮਝਦੇ ਉਹਨਾਂ ਬਾਰੇ ਕਿਰਪਾ ਕਰਕੇ ਅਧਿਐਨ ਜਾਂਚ-ਕਰਤਾ(ਵਾਂ) ਜਾਂ ਕੋਆਰਡੀਨੇਟਰ(ਰਾਂ) ਤੋਂ ਪੁੱਛੋ।

ਇਸ ਅਧਿਐਨ ਲਈ ਜਿਹੜੀ ਕਾਰਜ-ਪ੍ਰਕਿਰਿਆ ਕਰਵਾਈ ਜਾ ਰਹੀ ਹੈ ਉਹ ਏਫਰੇਸਿਜ਼ ਵੱਜੋਂ ਜਾਣੀ ਜਾਂਦੀ ਹੈ। ਇਹ ਕਾਰਜ-ਪ੍ਰਕਿਰਿਆ ਡੋਨਰ/ਮਰੀਜ਼ ਵਾਸਤੇ ਕੀਤੀ ਜਾ ਸਕਦੀ ਹੈ। ਇਸ ਅਧਿਐਨ ਵਿੱਚ ਸਾਰੀਆਂ ਏਫਰੇਸਿਜ਼ ਕਾਰਜ-ਪ੍ਰਕਿਰਿਆਵਾਂ ਸ਼ਾਮਲ ਹੋ ਸਕਦੀਆਂ ਹਨ ਜਿਸ ਵਿੱਚ ਸ਼ਾਮਲ ਹਨ ਪਲੇਟਲੈਟ ਏਫਰੇਸਿਜ਼, ਪਲਾਜ਼ਮਾ ਏਫਰੇਸਿਜ਼, ਐਮਐਸਸੀ ਏਫਰੇਸਿਜ਼ ਅਤੇ ਥੈਰੇਪਿਊਟਿਕ ਏਫਰੇਸਿਜ਼ ਜਿਸ ਵਿੱਚ ਲਿਊਕੋਫਰੇਸਿਜ਼, ਟੀਪੀਈ, ਰੈਡ ਸੈੱਲ ਐਕਸਚੇਂਜ ਸ਼ਾਮਲ ਹਨ।

ਤੁਹਾਨੂੰ ਇਸ ਖੋਜ ਅਧਿਐਨ ਵਿੱਚ ਭਾਗ ਲੈਣ ਲਈ ਕਿਹਾ ਜਾ ਰਿਹਾ ਹੈ। ਇਸ ਤੋਂ ਪਹਿਲਾਂ ਕਿ ਤੁਸੀਂ ਇਹ ਫੈਸਲਾ ਕਰੋ ਕਿ ਭਾਗ ਲੈਣਾ ਹੈ ਜਾਂ ਨਹੀਂ, ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਪੜ੍ਹਨੀ ਚਾਹੀਦੀ ਹੈ। ਇਹ ਫਾਰਮ ਅਧਿਐਨ ਬਾਰੇ ਦੱਸਦਾ ਹੈ ਜਿਸ ਵਿੱਚ ਇਸ ਅਧਿਐਨ ਵਿੱਚ ਭਾਗ ਲੈਣ ਦੇ ਜੋਖਮ ਅਤੇ ਲਾਭ ਸ਼ਾਮਲ ਹਨ। ਤੁਹਾਨੂੰ ਇਹ ਸੂਚਨਾ ਸ਼ੀਟ ਰੱਖਣ ਲਈ ਦਿੱਤੀ ਜਾਵੇਗੀ। ਕਿਰਪਾ ਕਰਕੇ ਖੋਜ-ਜਾਂਚਕਰਤਾ(ਵਾਂ) ਜਾ ਖੋਜ ਸਟਾਫ ਤੋਂ ਕੋਈ ਵੀ ਅਜਿਹੇ ਪ੍ਰਸ਼ਨ ਬੇਝਿਝਕ ਪੁੱਛੋ ਜੋ ਅਧਿਐਨ ਨੂੰ ਅਤੇ ਇਹ ਗੱਲ ਨੂੰ ਸਮਝਣ ਵਿੱਚ ਤੁਹਾਡੀ ਮਦਦ ਕਰਨਗੇ ਕਿ ਤੁਹਾਡੇ ਤੋਂ ਕੀ ਕਰਨ ਦੀ ਆਸ ਕੀਤੀ ਜਾਂਦੀ ਹੈ।

ਇਸ ਅਧਿਐਨ ਦਾ ਉਦੇਸ਼ ਏਫਰੇਸਿਜ ਵਿੱਚ ਉਲਟ ਪ੍ਰਤੀਕਿਰਿਆ ਦੇ ਵਾਕਿਆ ਅਤੇ ਸਬੰਧਤ ਵਾਰਵਾਰਤਾ ਦਾ ਅਧਿਐਨ ਕਰਨਾ ਹੈ।

ਇਸ ਅਧਿਐਨ ਵਿੱਚ ਡਿਪਾਰਟਮੈਂਟ ਆਫ ਇਮਿਊਨੋਹਿਮੇਟੋਲਜੀ ਅਤੇ ਬਲੱਡ ਟ੍ਰਾਂਸਫਿਊਜ਼ਨ ਵਿਭਾਗ ਦਯਾਨੰਦ ਮੈਡੀਕਲ ਕਾਲਜ ਅਤੇ ਹਸਪਤਾਲ ਲੁਧਿਆਣਾ ਦੇ ਸਾਰੇ ਮਾਮਲੇ ਸ਼ਾਮਲ ਹਨ। ਡੋਨਰ/ਮਰੀਜ਼ਾਂ ਦੇ ਵਿਸਥਾਰਤ ਇਤਿਹਾਸ ਲੈਣ ਤੋਂ ਬਾਅਦ ਉਹਨਾਂ ਦਾ ਕਲਿਨਿਕਲ ਮੁਆਇਨਾ ਕੀਤਾ ਜਾਵੇਗਾ ਅਤੇ ਖੂਨ ਦੇ ਟੈਸਟਾਂ ਰਾਹੀਂ ਇਹਨਾਂ ਦੀ ਜਾਂਚ ਕੀਤੀ ਜਾਵੇਗੀ। ਖੂਨ ਦੀ ਜਾਂਚ ਦੇ ਵਿਸ਼ਲੇਸ਼ਣ ਤੋਂ ਬਾਅਦ, ਕਲਿਨਿਕਲ ਹਾਲਤ ਅਤੇ ਟੈਸਟ ਰਿਪੋਰਟਾਂ ਦੇ ਆਧਾਰ 'ਤੇ ਡੋਨਰ/ਮਰੀਜ਼ ਦਾ ਏਫਰੇਸਿਜ ਕੀਤਾ ਜਾਵੇਗਾ। ਡੋਨਰ/ਮਰੀਜ਼ ਦੀ ਕਿਸੇ ਵੀ ਸ਼ਿਕਾਇਤ (ਉਲਟ ਪ੍ਰਤੀਕਿਰਿਆ) ਨੂੰ ਰਿਕਾਰਡ ਕੀਤਾ ਜਾਵੇਗਾ

ਤੁਹਾਡੀ ਭਾਗ ਲੈਣ ਤੋਂ ਇਨਕਾਰ ਕਰਨ ਜਾਂ ਇਸ ਵਿੱਚੋਂ ਹਟਣ ਦੇ ਫੈਸਲੇ ਨਾਲ ਤੁਹਾਨੂੰ ਮਿਲਣ ਵਾਲੀ ਮਿਆਰੀ ਦੇਖਭਾਲ ਅਤੇ ਜਾਂਚ-ਕਰਤਾ(ਵਾਂ) ਨਾਲ ਤੁਹਾਡੇ ਰਿਸ਼ਤੇ ਤੇ ਅਸਰ ਨਹੀਂ ਪਏਗਾ। ਜੇ ਤੁਸੀਂ ਭਾਗ ਨਾ ਲੈਣ ਦਾ ਫੈਸਲਾ ਕਰਦੇ ਹੋ ਜਾਂ ਤੁਸੀਂ ਅਧਿਐਨ ਤੋਂ ਹਟ ਜਾਂਦੇ ਹੋ ਤਾਂ ਇਸ ਨਾਲ ਤੁਹਾਡੀ ਭਵਿੱਖੀ ਡਾਕਟਰੀ ਦੇਖਭਾਲ ਤੇ ਅਸਰ ਨਹੀਂ ਪਏਗਾ।ਇਸ ਅਧਿਐਨ ਵਿੱਚ ਤੁਹਾਡੀ ਪ੍ਰਗਤੀ ਤੇ ਨੇੜਿਉਂ ਧਿਆਨ ਰੱਖਿਆ ਜਾਵੇਗਾ ਤਾਂ ਜੋ ਤੁਹਾਡੀ ਤੰਦਰੁਸਤੀ ਨੂੰ ਯਕੀਨੀ ਬਣਾਇਆ ਜਾ ਸਕੇ। ਜੇ ਤੁਸੀਂ ਖਰਾਬ ਮਹਿਸੂਸ ਕਰਦੇ ਹੋਤਾਂ ਸੰਭਾਲ ਲਈ ਜਾਂਚ-ਕਰਤਾ ਮੌਜੂਦ ਹੋਣਗੇ।

ਤੁਹਾਨੂੰ ਇਸ ਅਧਿਐਨ ਵਿੱਚ ਸਿੱਧੇ ਜਾਂ ਅਸਿੱਧੇ ਤੌਰ ਤੇ ਸ਼ਾਮਲ ਹੋਣ ਲਈ ਕੋਈ ਮੁਆਵਜਾ ਨਹੀਂ ਮਿਲੇਗਾ।

ਤੁਹਾਡੀ ਪਹਿਚਾਣ ਵਾਲੀ ਕਿਸੇ ਵੀ ਜਾਣਕਾਰੀ ਨੂੰ ਗੁਪਤ ਰੱਖਿਆ ਜਾਵੇਗਾ ਅਤੇ ਕਾਨੂੰਨਾਂ, ਵਿਨਿਯਮਾਂ ਤੋਂ ਛੁੱਟ ਜਨਤਕ ਤੌਰ ਤੇ ਜ਼ਾਹਰ ਨਹੀਂ ਕੀਤਾ ਜਾਵੇਗਾ ਅਤੇ ਸਿਰਫ ਖੋਜ ਮੰਤਵਾਂ ਲਈ ਹੀ ਇਸ ਨੂੰ ਵਰਤਿਆ ਜਾਵੇਗਾ। ਅਧਿਐਨ ਦੇ ਖੋਜ ਨਤੀਜੇ ਪੇਸ਼ੇਵਰ ਜਰਨਲ ਵਿੱਚ ਪ੍ਰਕਾਸ਼ਤ ਕੀਤੇ ਜਾ ਸਕਦੇ ਹਨ ਜਾਂ ਵਿਗਿਆਨਕ ਮੀਟਿੰਗਾਂ ਜਾਂ ਸਰਕਾਰੀ ਰੈਗੂਲੇਟਰੀ ਅਥਾਰਟੀਆਂ ਕੋਲ ਪੇਸ਼ ਕੀਤਾ ਜਾ ਸਕਦਾ ਹੈ। ਉਹਨਾਂ ਪੇਸ਼ਕਾਰੀਆਂ ਵਿੱਚ ਤੁਹਾਡੀ ਪਹਿਚਾਣ ਨਹੀਂ ਦੱਸੀ ਜਾਏਗੀ। ਇਸ ਖੋਜ ਨੂੰ ਦਯਾਨੰਦ ਮੈਡੀਕਲ ਕਾਲਜ ਅਤੇ ਹਸਪਤਾਲ ਦੀ ਜਾਬਤਾ ਕਮੇਟੀ ਵੱਲੋਂ ਪ੍ਰਵਾਨ ਕੀਤੀ ਗਈ ਹੈ। ਜੇ ਤੁਸੀਂ ਇਸ ਅਧਿਐਨ ਵਿੱਚ ਭਾਗ ਲੈਣ ਲਈ ਸਹਿਮਤ ਹੁੰਦੇ ਹੋ ਤਾਂ ਤੁਹਾਨੂੰ ਸਹਿਮਤੀ ਫਾਰਮ ਤੇ ਦਸਤਖਤ ਕਰਨ ਦੀ ਲੋੜ ਹੋਵੇਗੀ।

ਜੇ ਅਧਿਐਨ ਦੌਰਾਨ ਤੁਹਾਡੇ ਕੋਈ ਪ੍ਰਸ਼ਨ ਹਨ, ਜਾਂ ਤੁਹਾਡੇ ਤੇ ਕੋਈ ਮਾੜੇ ਪ੍ਰਭਾਵ ਹੁੰਦੇ ਹਨ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ

ਡਾ. ਹਰਨੂਰ ਭਾਰਦਵਾਜ ਨੂੰ 9872662010 'ਤੇ ਦਸਤਖਤ ਕਰੋ

ਇਸ ਅਧਿਐਨ ਬਾਰੇ ਵਿਚਾਰ ਕਰਨ ਲਈ ਤੁਹਾਡਾ ਧੰਨਵਾਦ।

ਜੇ ਤੁਸੀਂ ਭਾਗ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਨਾਲ ਦਿੱਤੇ ਸਹਿਮਤੀ ਫਾਰਮ ਤੇ ਦਸਤਖਤ ਕਰੋ।

ਇਹ ਸੂਚਨਾ ਸ਼ੀਟ ਤੁਹਾਡੇ ਰੱਖਣ ਲਈ ਹੈ।

मरीज के लिए जानकारी शीट

कलीनिकल रिसर्च

TO STUDY THE INCIDENCE AND FREQUENCY OF ADVERSE EVENTS ASSOCIATED WITH PLATELETPHERESIS & PLASMAPHERESIS.

इस सहमति फॉर्म में कुछ शब्द ऐसे हो सकते है जो कि आपको समझ न आए। कृपा करके जो भी शब्द अथवा जानकारी स्पष्ट तौर पर आपको समझ ना आए यह आप अध्ययन के डॉक्टर/शोधकर्ता से पूछ सकते हैं।

आपको एक शोध अध्ययन में भाग लेने को कहा जा रहा है। भाग लेने से पहले आप इस जानकारी को अवश्य पढ़ें। यह सूचना शीट आपको इस अध्ययन के लाभ और हानि के बारे में बताएगा। आप इस सूचना शीट को अपने पास रख सकते हैं। आप अपने डॉक्टर से कोई भी सवाल निसंकोच पूछ सकते हैं। जिससे आपको इस अध्ययन को समझने में मदद मिलेगी।

इस अध्ययन में जिस बिमारी का अध्ययन किया जा रहा है उसका नाम है जिगर की बिमारियां। इन बीमारियों के लक्षण है– पीलिया, पेट का फूलना, बुखार, वजन कम होना, शरीर पर नील पड़ना, खारिश, शरीर पर सूजन आदि।

इस अध्ययन में यह भी बताया जायेगा कि इस में आपका क्या योगदान होगा। इस अध्ययन का उद्देश्य जिगर की बीमारियों के ईलाज में खून चढ़ाने का क्या उद्देश्य है।

यह अध्ययन सरकारी मैडीकल कॉलेज, पटियाला के मैडीसन विभाग में आने वाले 50 रोगी शामिल होंगे। इस अध्ययन में मरीजों का पूरा चैकअप करने के बाद उन के खून के टैस्ट किये जायेंगे। खून टैस्टों और बीमारी के लक्षणों के अनुसार उन को खून चढाया जाएगा। खून चढ़ाने के बाद दोबारा खून टैस्ट किया जाएगा ताकि जो यह पता लग सके कि खून चढ़ाने का क्या फायदा हुआ है।

इस अध्ययन में आपकी भागीदारी स्वैच्छिक है और आपको इस अध्ययन में भाग लेने की इच्छा है या नहीं यह तय करने के लिए पर्याप्त समय दिया जाएगा। आप किसी भी वक्त भाग लेने के लिए मना कर सकते हैं या किसी भी वक्त बिना किसी कारण बताए छोड़कर जा सकते हैं। इसके लिए आपको कोई जुर्माना नहीं देना पड़ेगा। इससे आपके देखभाल या आपके डॉक्टर के साथ रिश्ते पर प्रभाव नहीं पड़ेगा और न ही इससे आपके वर्तमान या भविष्य चिकित्सा देखभाल पर कोई प्रभाव पड़ेगा।

अध्ययन के दौरान आपके सुरक्षा और भलाई के लिए पूरी निगरानी रखी जाएगी। यदि अध्ययन के दौरान आपकी तबीयत खराब हो जाती है तो डॉक्टर/शोधकर्ता आपके लिए हमेशा मौजूद रहेंगे।

आपको इस अध्ययन में सीधे या अलग से होने वाले खर्चों का कोई मुआवजा नहीं मिलेगा। वह सारे इलाज के रिकार्ड जिनमें आपकी पहचान बताई गई होगी, वे सभी गुप्त रखें जाएँगे और सार्वजनिक नहीं किए जाएँगे जब तक कि उनकी जरूरत लागू कानूनी नियमों के लिए नहीं पड़ेगी और यह केवल खोज अध्ययन के उद्देश्य के लिए ही प्रयोग किए जाएँगे। अध्ययन के नतीजे किसी भी पेशेवर जरनल में प्रकाशित या वैज्ञानिक मीटिंग में या सरकार के रैगुलेटरी अधिकारी को पेश किए जा सकते हैं पर आपकी पहचान का किसी भी पेशकारी में खुलासा नहीं किया जाएगा। इस अध्ययन को सरकारी मेडिकल कॉलेज और रजिन्दरा हॉस्पिटल पटियाला की खोज और नैतिकता कमेटी द्वारा स्वीकृति मिल चुकी है।

यही आप इस अध्ययन में हिस्सा लेने के लिए सहमत हैं तो कृपया साथ लगे मंजूरी फार्म पर दस्तखत करें।

इस अध्ययन संबंधी कोई भी सवाल हो या कोई भी मुश्किल आने पर आप डा. गौरव् सिंगला को इस नंबर पर 8566962518 संपर्क कर सकते हैं।

इस अध्ययन को अपना समय देने के लिए आपका धन्यवाद

यदि आप इस अध्ययन में हिस्सा लेना चाहते हैं तो

कृपया साथ लगे मंजूरी फार्म पर दस्तखत करें।

यह जानकारी शीट अपने साथ ले जा सकते हैं।

INFORMED CONSENT FORM TO PARTICIPATE IN A CLINICAL TRIAL

TO STUDY THE INCIDENCE AND FREQUENCY OF ADVERSE EVENTS ASSOCIATED WITH PLATELETPHERESIS & PLASMAPHERESIS

Subject's Initials: _____ Subject's Name:_____

Date of Birth / Age: _____

		Please tick initial box (Subject)
(i)	I confirm that I have read and understood the information sheet dated _____ for the above study and have had the opportunity to ask questions.	[ ]
(ii)	I understand that my participation in the study is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected.	[ ]
(iii)	I understand that the Sponsor of the clinical trial, others working on the Sponsor's behalf, the Ethics Committee and the regulatory authorities will not need my permission to look at my health records both in respect of the current study and any further research that may be conducted in relation to it, even if I withdraw from the trial. I agree to this access. However, I understand that my identity will not be revealed in any information released to third parties or published.	[ ]
(iv)	I agree not to restrict the use of any data or results that arise from this study provided such a use is only for scientific purpose(s)	[ ]
(v)	I agree to take part in the above study.	[ ]

Signature (or Thumb Impression) of the Subject/Legally Acceptable Representative:_____

Date: ____/____/_____

Signatory' Name: _____

Signature of the Investigator: _____ Date: ____/____/_____

Study Investigator's Name: _____

Signature of the Witness _____Date:____/____/_____

Name of the Witness: _____

ਇੱਕ ਕਲੀਨਿਕਲ ਪਰੀਖਣ ਵਿੱਚ ਹਿੱਸਾ ਲੈਣ ਲਈ ਜਾਣਕਾਰੀ ਅਤੇ ਮਨਜ਼ੂਰੀ ਫਾਰਮ

ਅਧਿਐਨ ਦਾ ਸਿਰਲੇਖ: **TO STUDY THE INCIDENCE AND FREQUENCY OF ADVERSE EVENTS ASSOCIATED WITH PLATELETPHERESIS & PLASMAPHERESIS.**

ਬਿਨੈਕਾਰ ਦੇ ਛੋਟੇ ਦਸਤਖਤ :
ਬਿਨੈਕਾਰ ਦਾ ਨਾਮ:
ਜਨਮ ਦੀ ਤਾਰੀਖ/ ਉਮਰ :

ਲੜੀ ਨੰ.	ਵਿਸ਼ਾ	ਕ੍ਰਿਪਾ ਕਰਕੇ ਖਾਨੇ ਤੇ ਟਿਕ ਲਗਾਉ
1.	ਮੈਂ ਪੁਸ਼ਟੀ ਕਰਦਾ/ਕਰਦੀ ਹਾਂ ਕਿ ਮੈਂ ਉਪਰੋਕਤ ਅਧਿਐਨ ਸਬੰਧੀ ਜਾਣਕਾਰੀ ਸ਼ੀਟ (ਮਿਤੀ .....) ਚੰਗੀ ਤਰ੍ਹਾਂ ਪੜ੍ਹ ਅਤੇ ਸਮਝ ਲਈ ਹੈ ਅਤੇ ਮੈਨੂੰ ਸਵਾਲ ਪੁੱਛਣ ਦਾ ਮੌਕਾ ਦਿੱਤਾ ਗਿਆ ਸੀ।	
2.	ਮੈਨੂੰ ਇਹ ਸਮਝ ਹੈ ਕਿ ਮੇਰੀ ਭਾਗੀਦਾਰੀ ਇਸ ਅਧਿਐਨ ਵਿੱਚ ਮੇਰੀ ਆਪਣੀ ਸ਼ਮੂਲੀਅਤ ਇੱਛਾ ਨਾਲ ਹੈ ਅਤੇ ਮੈਂ ਕਿਸੇ ਵੀ ਸਮੇਂ ਇਸ ਤੋਂ ਆਪਣਾ ਨਾਮ ਵਾਪਸ ਲੈ ਸਕਦਾ /ਸਕਦੀ ਹਾਂ, ਬਗੈਰ ਕੋਈ ਕਾਰਨ ਦੱਸੇ ਅਤੇ ਇਸ ਦਾ ਮੇਰੇ ਡਾਕਟਰੀ ਇਲਾਜ ਜਾਂ ਕਾਨੂੰਨੀ ਹੱਕ ਤੇ ਕੋਈ ਪ੍ਰਭਾਵ ਨਹੀਂ ਪਵੇਗਾ।	
3.	ਮੈਂ ਇਹ ਸਮਝਦਾ / ਸਮਝਦੀ ਹਾਂ ਕਿ ਇਸ ਕਲੀਨੀਕਲ ਮੁਕੱਦਮੇ ਦੇ ਪ੍ਰਾਯੋਜਕ ਜਾਂ ਪ੍ਰਾਯੋਜਕ ਖਾਤਰ ਕੰਮ ਕਰ ਰਹੇ ਬਾਕੀ ਲੋਕ, ਨੈਤਕਤਾ ਕਮੇਟੀ ਅਤੇ ਰੈਗੂਲੇਟਰੀ ਅਧਿਕਾਰੀਆਂ ਨੂੰ ਮੇਰੇ /ਮੇਰੀ ਸਿਹਤ ਰਿਕਾਰਡ ਵੇਖਣ ਲਈ ਮੇਰੀ ਇਜ਼ਾਜ਼ਤ ਦੀ ਲੋੜ ਨਹੀਂ ਹੈ ਚਾਹੇ ਉਹ ਇਸ ਅਧਿਐਨ ਸਬੰਧੀ ਹੋਣ ਜਾਂ ਇਸ ਸਬੰਧ ਵਿੱਚ ਭਵਿੱਖ ਵਿੱਚ ਹੋਣ ਵਾਲੀ ਕੋਈ ਵੀ ਖੋਜ ਹੋਵੇ, ਬੇਸ਼ਕ ਮੈਂ ਇਸ ਅਧਿਐਨ ਤੋਂ ਆਪਣਾ ਨਾਮ ਵਾਪਿਸ ਲੈ ਲਿਆ ਹੋਵੇ। ਮੈਂ ਇਸ ਨੂੰ ਵਾਚਣ ਵਾਸਤੇ ਸਹਿਮਤੀ ਦਿੰਦਾ/ਦਿੰਦੀ ਹਾਂ। ਪਰ ਮੇਰੀ ਪਹਿਚਾਣ ਕਿਸੇ ਵੀ ਰੂਪ ਵਿੱਚ ਤੀਜੇ ਧਿਰ ਨੂੰ ਜਾਰੀ ਨਹੀਂ ਕੀਤੀ ਜਾਵੇਗੀ ਅਤੇ ਨਾ ਹੀ ਪ੍ਰਕਾਸ਼ਿਤ ਕੀਤੀ ਜਾਵੇਗੀ।	
4	ਮੈਂ ਸਹਿਮਤੀ ਦਿੰਦਾ/ਦਿੰਦੀ ਹਾਂ ਕਿ ਇਸ ਅਧਿਐਨ ਤੋਂ ਪੈਦਾ ਹੋਇਆ ਕੋਈ ਵੀ ਡਾਟਾ ਜਾਂ ਨਤੀਜੇ ਦੀ ਵਰਤੋਂ ਤੇ ਮੈਨੂੰ ਕੋਈ ਪਾਬੰਦੀ ਨਹੀਂ ਹੈ ਪਰ ਮੁਹੱਈਆ ਕੀਤਾ ਜਾਵੇ ਕਿ ਇਸ ਦੀ ਵਰਤੋਂ ਸਿਰਫ ਵਿਗਿਆਨਿਕ ਮਕ'ਦ ਲਈ ਹੋਵੇਗੀ।	
5	ਮੈਂ ਉਪਰੋਕਤ ਅਧਿਐਨ ਵਿੱਚ ਹਿੱਸਾ ਲੈਣ ਲਈ ਸਹਿਮਤੀ ਦਿੰਦਾ/ਦਿੰਦੀ ਹਾਂ।	

ਬਿਨੈਕਾਰ/ਕਾਨੂੰਨਨ ਤੌਰ ਮੰਨਣਯੋਗ ਪ੍ਰਤੀਨਿਧੀ ਦੇ ਦਸਤਖਤ (ਅੰਗੂਠਾ).....

ਮਿਤੀ.....

ਬਿਨੈਕਾਰ ਦਾ ਨਾਮ .....

ਤਫਤੀਸਕਾਰ ਦੇ ਹਸਤਾਖਰ ..... ਮਿਤੀ: .....

ਅਧਿਐਨ ਤਫਤੀਸਕਾਰ ਦਾ ਨਾਮ .....

ਗਵਾਹ ਦੇ ਹਸਤਾਖਰ ..... ਮਿਤੀ:.....

ਗਵਾਹ ਦਾ ਨਾਮ .....

एक कलीनिकल परीक्षण में हिस्सा लेने के लिए जानकारी एवं मंजूर फार्म

स्टडी विषय: TO STUDY THE INCIDENCE AND FREQUENCY OF ADVERSE EVENTS ASSOCIATED WITH PLATELETPHERESIS & PLASMAPHERESIS.

अध्ययन नम्बर .....

मरीज के हस्ताक्षर .....

मरीज का नाम .....

जन्म की तारीख/आयु .....

क्रमांक नं.	विषय	कृप्या करके चिन्ह लगाए (✓)
1.	मैं यह पुष्टि करता/करती हूँ कि मैंने उक्त स्टडी के बारे में दिया गया जानकारी पत्र अच्छी तरह से पढ़ और समझ लिया है इस दौरान मुझ प्रश्न का पूरा अवसर दिया गयज्ञं	( )
2.	मैं यह समझता/समझती हूँ कि मेरा योगदान इस अध्ययन में मेरी स्वेच्छा से है और मैं कभी भी, बिना कोई कारण बताए इस अध्ययन से अपना नाम वापिस ले सकता/सकती हूँ और ऐसा करने से मेरी चिकित्से सेवाओं अथवा मेरे कानूनी हकों पर कोई प्रभाव नहीं पड़ेगा।	( )
3.	मैं समझता/समझती हूँ कि इस कलीनिकल अध्ययन के प्रायोजक अथवा प्रायोजकों के लिए काम कर रहे बाकी लोग नैतिकता कमेटी और रेगयुलेटरी अधिकारीयों की मेरी सेहत रिकार्ड देखने के लिए मेरी अनुमति की जरूरत नहीं है चाहे वह इस अध्ययन संबंधी हो या इस संबंध में हो। मैं इसके वाचन के लिए अपनी सहमति देता/देती हूँ। परन्तु मेरी पहचान किसी भी रूप में तीसरे गुट को जारी नहीं की जाएगी और ना ही प्रकाशित की जाएगी।	
4.	मैं सहमति देता/देती हूँ कि इस अध्ययन से उत्पन्न कोई भी डाटा या नतीजे के इस्तेमाल पर मुझे कोई आपत्ती नहीं होगी बशर्ते की इसका प्रयोग केवल वैज्ञानिक कार्यों के लिए होगा।	( )
5.	मैं इस अध्ययन में हिस्सा लेने के लिए अपनी सहमति देता/देती हूँ।	( )

मरीज के हस्ताक्षर या अंगूठे का चिन्ह कानूनी तौर पर मानने योग्य प्रतिनिधी के हस्ताक्षर या अंगूठा

दिनांक .....

मरीज का नाम .....

खोजकर्ता के हस्ताक्षर ..... दिनांक .....

अध्ययन खोजकर्ता का नाम .....

गवाह के हस्ताक्षर .....

गवाह का नाम ..... दिनांक .....